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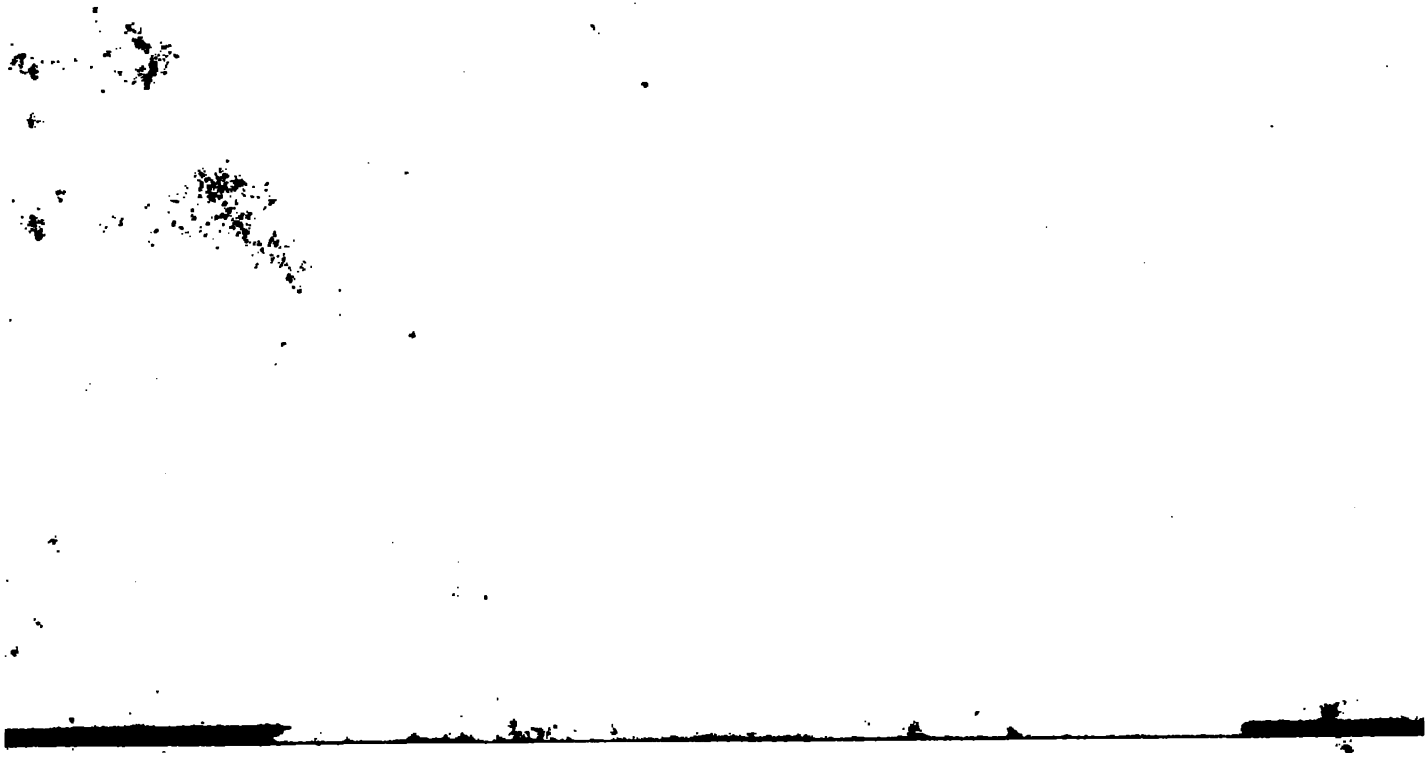

Medical and surgical reporter

THE

NEW JERSEY

MEDICAL REPORTER,

AND

TRANSACTIONS

OF THE

NEW JERSEY MEDICAL SOCIETY,

EDITED BY

JOSEPH PARRISH, M. D.

VOL. II.

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CONTENTS

OF THE

NEW JERSEY MEDICAL REPORTER.

TENTH MONTH, (OCTOBER,) 1848.

PROCEEDINGS OF THE NEW JERSEY MEDICAL SOCIETY.

A Desultory Inquiry into the different effects arising from the operation of the same causes; read before the Medical Society of New Jersey, at its annual meeting, 1847. - - - - - 5

Dissertation on the objects and duties of the Society in their corporate capacity; delivered at Burlington, in May 1791, by Dr. Griffith, - - - - - - - - - - - - 15

BURLINGTON MEDICAL ASSOCIATION.

Dr. Joseph Parrish's Report on Obstetrics, - - - - - - 21

BIOGRAPHICAL NOTICES.

Biographical Memoir of John Cochran, M. D., by Elias J. Marsh, M. D., 25

Extracts from a Memoir of Bowman Hendry, M. D., late of Haddonfield, New Jersey, by a Physician, - - - - - - 28

ORIGINAL COMMUNICATIONS.

Case of Traumatic Tetanus, successfully treated, by S. C. Thornton, M. D., - - - - - - - - - - - - - 58

Remarks on the Treatment of Pseudo-Membranous Laryngitis, by the Editor, - - - - - - - - - - - - - 59

Report of a Case of Puerperal Peritonitis, succeeded by Phlegmasia Dolens, by D. B. Trimble, M. D., - - - - - - - - 63

Case of Protracted and Difficult Labor, followed by Lesions of the Bladder and Vagina, by J. S. Smith, M. D., - - - - - 65

BIBLIOGRAPHICAL NOTICES.

Summary of the Transactions of the College of Physicians of Philadelphia, from April 4 to August 1, 1848, inclusive, - - 69
A Practical Treatise on Poisons, their symptoms, antidotes, and mode of treatment, by O. H. Costill, M. D. Philadelphia, Grigg, Elliot & Co., 1848., - - - - - - - - - - 76

EDITORIAL.

Our Second Volume, - - - - - - - - - - 79
Bibliographical Notices, - - - - - - - - - 79
Sanitary Reform, - - - - - - - - - - 79

ITEMS.

The New York Journal of Medicine, - - - - - - - 83
University of Pennsylvania, - - - - - - - - 83
Extension of Lecture Terms, - - - - - - - - 83
National Medical Association, - - - - - - - - 83
Pennsylvania Hospital, - - - - - - - - - 83

ECLECTIC DEPARTMENT.

Case of Pustular Ophthalmia, by H. Richie, M. D., of Chicago, Ill., 84
Progress of Cholera in Russia, - - - - - - - - 84

MEETINGS.

NEW JERSEY MEDICAL SOCIETY.

A Semi-Annual Meeting of the New Jersey Medical Society will be held at Trenton, on the second Monday of November, ensuing, at 10 o'clock, A. M.

W. Pierson, Rec. Secretary.

DISTRICT MEDICAL SOCIETY, FOR THE COUNTY OF MERCER.

A Quarterly Meeting for the District Medical Society, for the County of Mercer, will be held at Trenton, on the 24th, instant, at 10 o'clock, A. M.

John H. Phillips, Secretary.

DISTRICT MEDICAL SOCIETY, FOR THE COUNTY OF BURLINGTON.

A Semi-Annual Meeting of the District Medical Society, for the County of Burlington, will be held at the house of S. C. Stockton, Mount Holly, on 19th instant, at 10 o'clock, A. M.

Joseph Parrish, Secretary.

THE

NEW JERSEY MEDICAL REPORTER.

VOL. II. TENTH MONTH, (OCTOBER,) 1848. No. 1.

A DESULTORY INQUIRY

Into the different Effects arising from the operation of the same Causes. Read before the Medical Society of New Jersey, at its Annual Meeting, 1847;

By Charles Hannah, M.D., of Salem, N. J.

It is an assertion made ages ago, that like causes operating under similar circumstances, produce a sameness of effect; but vary the circumstances under which they operate, and the effects resulting from their action, will be greatly diversified.

The circumstances producing this difference of result, relate both to the agent or active matter, and to the patient or being acted upon. In order to illustrate the assertion I have made, I would observe, that Chemistry has taught us to believe that there are but few elementary or simple substances in nature; and that all the variety of our world arises from the different arrangement and combination of these few elementary or primary parts or principles, so I will venture to advance the opinion that there exist but few secondary or remote causes, and that all the diversified effects which take place in the material world arise from the operation of these few causes acting under different circumstances; that the same agent will facilitate composition or decomposition—that the same application may be made to produce pleasure or pain—that the same substances may be made remedial or poisonous, according to the quantity used, the mode in which it is given, or the state of the system at the time of its exhibition.

As farther proof of my position, I shall take the liberty of citing some of the different effects resulting from the operation of causes whose mode of action is familiar to us all.

Fire, which consists of heat or caloric and light, is under certain circumstances, useful to the Chemist, promoting the various combinations he wishes to accomplish, and facilitating the numerous experiments he wishes to perform. To the practical Pharmaceutist, it is essentially necessary, rendering more active his different menstrua, separating the more volatile from the more fixed parts of different substances, &c. In culinary purposes this agent is not to be dispensed with; and in most climates, in some seasons of the year, its presence is necessary to the comfortable existence of the human race, its artificial application compensating for the partial abstraction of natural heat. But in order that the effects mentioned should result from its operation, it is necessary that it should be entirely under the control of the operator, and be confined within the range of a very few degrees.

For example, a certain degree of heat is necessary to effect the combination of two volatile substances; subject the compound to a heat a few degrees greater, and you produce decomposition and evaporation. A certain degree of heat renders a spirituous menstruum more active; increase the heat a few degrees, and you produce volatilization and destroy its action altogether. A certain degree of heat is necessary to the preparation or dressing of any article of diet; subject it to a heat a few degrees greater, and it is rendered unfit to be eaten, and the application of a few additional degrees its decomposition or destruction. Place a person who has suffered but a short time and moderately from the abstraction of natural heat, at a comfortable distance from an artificial fire, and and the effect is an agreeable warmth; lessen the distance, and the sensation becomes unpleasant, pain is the result, and by placing him still nearer, the excitability and organization of the system are destroyed.

Air, which consists of oxygen and nitrogen, so necessary to the existence of animals that perhaps none of the aerial, amphibious or even aquatic tribes of that kingdom exist without its use; and many of them cannot be deprived of it for more than a few seconds without injury; is passing constantly into and out of the lungs of all respiring animals, imparting its oxygen to the blood, from whence that fluid derives its heat and color. But it carries other matters into the system besides its own constituent parts.

Some of these I shall mention: Odours of various kinds, are by means of air, carried into the system, and produce upon it very important effects. Those that are agreeable and moderately stimulant contribute to produce that state of excitement which constitutes health. Those which rank under the title of strong exciting odours often arouse the system and produce resuscitation from a state of asphyxia and apparent death. But this fluid is not only capable of holding in solution and carrying into the system odours that produce pleasurable sensations and a healthy state of action, but also those whose effects are precisely the reverse. Ammoniacal gas, or the odour arising from substances undergoing the putrefactive fermentation produces one of the most unpleasant sensations imaginable. The miasma arising from the decomposition of vegetable substances—contagions, arising from different sources enter the lungs through the medium of the air, and implant in the system of man more of the destructive forms of disease than arise from any other quarter. Sounds,—all the pleasurable sensations we derive from music, from agreeable conversation, and every other description of sound, are conveyed through the medium of the air to the organ of hearing, and by producing a stimulant effect, tend, in many instances, to remove disease and prolong life—witness the happy effects of cheerful conversation and music upon the melancholy patient. Doleful sounds, on the contrary, and evil tidings, often add to the fatality of epidemics, by imparting to the system the re-active effects of fear, and depriving it of the salutary stimulus of hope. Not only so, but from a different proportion of its own component parts does the diversity of its effect arise. Atmospheric air of common purity consists of twenty-two parts of oxygen and seventy-eight parts of nitrogen, to the hundred. In this proportion it imparts oxygen enough to the system to produce the healthy state of excitement of body and mind. Increase the proportion of oxygen, as in nitrous oxide gas, you increase its stimulant power, and its respiration produces a high degree of excitement, manifested in various ways. Increase the oxygen still further, as in nitric oxide gas, compel an animal to respire it, you destroy excitement almost immediately from excess of stimulant force; he gasps a few times, becomes convulsive,

and dies. Reverse the proportion of oxygen and nitrogen, and the respiration becomes hurried; there is not oxygen enough imparted to the system to keep up due action, and nature pants for a purer atmosphere. One cubic inch of nitrogen gas introduced into the lungs of a healthy man, will produce speedy death; yet nitrogen gas is generated, exists as nitrogen gas, and acts as nitrogen gas in an organ in juxtaposition with the lungs. Here the difference is in structure and in function.

The air, when its parts are in just proportion, produces mischievous effects when it accidentally gains admission into any of the large cavities of the body, or into the cellular structure, a case of which I have lately seen, where, from a fracture of several ribs and one of the clavicles, the lungs were perforated by the sharp fragments of bone, the air escaped from the lungs and insinuated itself into the cellular substance, almost through its whole extent, and the unhappy sufferer exhibited a spectacle the most horrid.

Water, which consists of oxygen and hydrogen, enters largely into the composition of animals, forms the element in which many of them reside, enters in a great proportion into all their fluids, lubricates the different surfaces of cavities, preventing the adhesion of their sides or of contained viscera, giving that fluidity to the blood which is requisite to its easy transmission through its proper channels, gives that distension to many parts of the body which contributes to its proportion and comeliness, and renders the performance of many of its functions easy and regular.

When it enters the system generally, or any of its cavities in particular, in an over-abundant quantity, it produces effects entirely the reverse. It gives rise to deformity, by destroying the relative proportion of parts. It produces pain, by distending to excess, and gives rise to some of the most unmanageable kinds of disease with which the physician has to contend.

Blood, that vital fluid which is continually circulating through every part of the living body, conveying nourishment and heat to those which are most minute and most remote; which, when in due quantity, distends the vascular system precisely to that point which produces the pleasureable sensation which healthy animals enjoy. When it becomes excessive in quantity, distends the ves-

sels to excess, giving rise to pain, often producing the inflammatory state of fever, or rupturing the vessels of some important viscus, and producing immediate death from effusion.

Bile is a fluid of animal origin, furnished by the largest secretory organ in the human system, sui generis in its properties and qualities, whose presence and whose action are so necessary to digestion, chylification and assimilation, that neither process can go regularly and properly on without them both; and whose importance in the animal economy is so great, that none of the more perfect species of animals are found without its secretory gland, and its accompanying reservoir. This gland appears, moreover, to influence all the secretory glands in the system. Are the functions of the liver deranged and the bile vitiated? the urine, the saliva, the gastric secretion, and even the male semen, are vitiated. So true is the last assertion, that you will seldom see a man who suffers from chronic disease of the liver, beget healthy offspring.

In fact, when the biliary secretion is vitiated for a long time, all the states of disease in the class cachexia harass the unhappy patient. And when the bile becomes excessive in quantity, it forms an additional and very troublesome symptom in many forms of disease. This fact is probably known to the most ignorant of all the pretenders to the healing art—hence, all the *anti*-bilious pills, all the *anti*-bilious powders, all the *anti*-bilious potions of all the *anti*-bilious Quacks, from Dyott, the prince of the fraternity, to Jayne, Brandreth and Wright, who constitute the tail end of modern empiricism.

I shall now notice some of the artificial preparations which are used as medicines, and remark that the same articles may be rendered stimulant or sedative, emetic or cathartic, diuretic, sudorific, diaphoretic or expectorant, according as they are given in larger or smaller doses, and according to the management or state of the patient at the time of their exhibition.

Ardent spirit—this consists of alcohol, diluted with a greater or less proportion of water, and some other matters producing but little influence on its effect. Taken in moderate quantities it increases the action of the vital, natural and animal powers, produces a pleasurable state of mental excitement and renders the person happy. In typhus state of disease it is a very important remedy,

supporting the patient until we can derive advantage from the more durable articles of the tonic class of medicines. In dyspepsia and indigestion, its beneficial action on the stomach often removes the disease, and restores health. In all cases of direct debility, its action on the system is beneficial. Taken in excess, it prostrates the powers of body and mind, destroys digestion, produces dyspepsia and schirrhous liver, and a certain indescribable, insupportable state of body and mind, destroying the excitability of the system, from an excess of stimulant force.

Arsenious acid, the arsenic of the shops, consists of arsenic 75 parts, and oxygen 25 parts, to the 100. Taken in a very small quantity, and in a diluted state, it is one of the most powerful tonics we possess, often removing intermittent when the bark has failed, suspending or removing hectic fever, curing eruptions on the skin, strengthening the stomach, and through the medium of that organ imparting tone to the whole system.

Taken in excess, it destroys the stomach, produces violent spasms and pain, burning heat in the throat and on the skin, the most unquenchable thirst, and very certainly and very quickly destroys animal life.

Murias hydrargiri or oxymuriate of mercury, is composed of the metal highly oxidated and combined with a large proportion of muriatic acid. This is the most powerful of all mercurial preparations. A solution of this article used as an external wash, forms one of the best applications in venereal and other foul ulcers, disposing them to cleanse and put on a healthy state of action. Increase the strength of the solution, and you render its operation caustic and destructive, corroding the soft parts and perhaps destroying the bony structure. The diluted solution forms a very useful injection in gleet or gonorrhea. Increase the strength of the solution and you produce strangury, inflammation of the prostrate gland and coats of the bladder, and death ensues. Given in minute doses, it operates safely, favourably, and effectually in some forms of disease, particularly in the secondary state of syphilis. Given in large doses, it produces the same effect as the other metallic poisons.

Sub murias—hydrargiri, or mild muriate of mercury—the calomel of the shops, differs chemically from the former merely in the

metal being less highly oxidated, and in that oxide being combined with a less proportion of muriatic acid. And this is the most valuable of the mercurial preparations, and is susceptible of the widest application in the practice of our profession, and its mode of action may be very much varied by varying the mode of exhibition. Given in doses of 15 to 20 grains per se, it operates pretty certainly and effectually as a cathartic, and exerts an influence on the biliary system.

Given in doses of from 1 to 2 grains twice or thrice a day, it seldom affects the bowels, but acts with considerable certainty on the salivary glands, causing an increased secretion and excretion of saliva accompanied with an odour peculiarly mercurial. Continue its use still longer, and you produce ulcers of the soft parts, carry off the bones, and occasion a mercurial disease of the whole system, termed by writers eretheme. Given in minute doses, as from the tenth to the fifteenth of a grain, it seldom affects the mouth, but acts as an alterative and produces the most happy changes in many states of disease.

But the different antimonial preparations furnish us with some articles more directly in point. I shall mention but one. The tartrate of antimony, or tartar emetic of the shops. This article of the materia medica has of late been very extensively used in practice, but I shall merely state that, given in doses of from 3 to 10 grains, in solution, and in divided portions, it acts certainly and effectually as an emetic, producing all the beneficial effects that take place from full vomiting. Lessen the dose and instead of an inverted motion of the stomach, its natural action is increased, and this increased action is continued on through the intestinal canal, and purging takes place: lessen the dose again, and give it in divided portions exposing the surface of the body to the action of atmospheric air, it operates very certainly and powerfully as a diuretic—the same quantity given in the same way, only covering the patient so as to prevent the access of air to the skin, it determines powerfully to the surface, and becomes sudorific and diaphoretic. Given in nauseating doses, it but acts as an expectorant.

Thus far the difference of effect has related principally to the agent. I proceed to notice a few of those that relate to the pa-

tient or being acted upon, and confine myself to the animal system.

Dr. Brown says, " we do not know what excitability is, or in what manner it is acted upon by the exciting powers, but whatever it be, either a certain quantity or certain energy of it is assigned to every living being at the commencement of its living state."

The quantity or energy of it is different in different animals or in the same animal at different times. The excitability is a general principle pervading every part of the system, but is liable to become accumulated or exhausted, excessive or deficient from the excessive or deficient force of action of the powers calculated to destroy it, and the effect produced by the action of any article of diet or medicine, will be varied by the state of excitability at the time of its exhibition.

For example, one gill of spirits will produce a pleasant state of excitement in one person, a high state in another, and indirect debility in a third, while in another it will require two or three, or even eight gills to produce this effect. Ten grains of jalap with as much calomel will produce purging in one, while it requires twice or thrice as much to produce it in another. One grain of opium will carry one person to the sleep-inviting point of excitement, while a second will require two or three or four for the same purpose. Again, is the excitability of the system impaired or exhausted by the frequent application of stimulants, or from its excessive force—it requires from five to fifty per cent more strength in a medicine to produce action or excitement now, than at a former period. Here the agent is the same, applied in the same manner, and the difference of effect arises from the different state of the person acted on, and this diversity will be found to exist throughout all animal nature, and a perfect acquaintance with it is one of the most necessary and difficult acquirements the physician has to make.

This is a general principle and pervades the whole system, but there is also a principle of partial extent, which resides exclusively in particular organs. Blumenbach calls it vita propria; and Darwin, as it relates to the glands, calls it glandular appetency. I will merely mention this principle as it relates to some of the

secretory organs, enabling them to secrete from the same mass of blood, fluids so essentially different from each other in all their sensible qualities and uses as respects the animal system; the salivary glands secrete from the glands the salivary fluid which is nearly colourless and tasteless and an assistant in digestion. They also in general possess a disposition to have their secretory action remarkably increased by the mercurial stimulus, but this disposition is sometimes apparently absent, for I have given 480 grains of calomel in three months time to one patient, without producing ptyalism or soreness of the gums. In this case it operated most powerfully on the kidneys, and was the means of removing a most deplorable state of general dropsy—from the termination of this case in a permanent cure, I would think it most advisable to avoid its syalagogue and promote its diuretic operation in dropsy when we can, as all the cures in hydropic cases that I have seen performed by salivation, so far as I recollect, have been followed by a relapse. The pancreas secretes a fluid nearly analogous to the saliva in its appearance and use, while the liver secretes one of a yellow color, very bitter in taste, considerably tenacious in consistence, and an assistant also in digestion. The kidneys secrete a fluid different from all the foregoing in all its sensible qualities, and of no further use in the system. The glands of the different articulations take from the same mass of blood a fluid unlike either, and destined to a different purpose, namely, to lubricate their different surfaces, render motion easy, and prevent attrition. The inner surfaces of all the large cavities secrete a fluid unlike the last, whose office is to lubricate and prevent adhesion between them and contained viscera.

The testicles secrete one different from all, and which is perhaps of no use to the individual, but of primary importance as respects the existence of the species. One striking peculiarity in these organs is, the time of life at which they commence their operations, at birth or soon after, but these testicles do not begin their secretory action until the animal arrives at a state of puberty. Now all these fluids are derived from the same mass of blood. It is conveyed to, and through the vessels of the different secretory organs in the same way, acting on them all precisely in the same manner, yet their productions are so different. Moreover, the blood has circulated through the spermatic vessels ever since

the formation of the animal; why then did not the secretion of the semen take place before?

Again, the different parts of the animal system are undergoing a constant change and loss; the loss is replaced by secretion, and every secretory vessel concerned in the process separates that precise kind of material required by the organ it serves.

I shall finish this essay by making a few practical remarks.

Is nature thus frugal in her operations, never making use of two instruments to effectuate that which she can accomplish with one? Let us as physicians imitate her example, and be frugal in our prescriptions, never making use of a compound medicine where a simple one will answer our purpose as well.

Let us take warning from the error of the ancients, who appear to have prized their prescriptions in proportion to the number of ingredients of which they consisted. This plan of combining a great number of articles in the same mass or mixture, is in every case inelegant and unscientific, and in many cases produces an inert compound.

Are the effects of remedies varied very much by varying the mode of their exhibition? Let us be very precise in endeavoring to ascertain what mode of operation will be most advantageous to our patient, and very plain in our directions to nurses how to administer it so as to ensure that operation.

Are the effects of medicines varied by the varying state of the system at the time, let us be very particular in finding out that state, never prescribing for the name of the disease, but always having an eye to grade or degree of force. And in order to make a just estimate of the force of existing diseased action, let us consult every index which can direct us, always placing most reliance on that kind of information which is gained from an attentive and minute examination of the symptoms of the case, especially the state of the pulse, the respiration, the seat and intensity of the pain, the state of the skin, the different secretions, and excretions, the appearance of the countenance in general, and the eye in particular, never placing too much dependence on information gained from ignorant nurses or distressed mothers.

With a very few remedies judiciously combined and skilfully administered, a physician may combat successfully, most of the forms of disease he has to contend with. On the other hand if he

prescribes for the name of a disease without having regard to the existing state of the system at the time, the habit of body of his patient, his idiosyncracies, and the different manner in which medicine will act according to the mode in which it is given, yet even though he may have all the articles of the materia medica at his command, they will only be in his hands instruments of mischief, by which he will add to the sufferings of the sick, and perhaps assist the pestilential forms of disease in thinning the ranks of man.

DISSERTATION ON THE OBJECTS AND DUTIES OF THE SOCIETY IN THEIR CORPORATE CAPACITY:

DELIVERED AT BURLINGTON, IN MAY, 1791;

BY DR. GRIFFITH.

Gentlemen—The rule of our Institution requires from the chair I have now the honor to fill, a dissertation on some useful subject. A medical or philosophical theme has usually been selected, as most adapted to the purposes of our Association; and we need only recur to the records of the Society, for excellent examples of taste and ability in the performance of these stated essays.

On this occasion, however, I am induced to depart from the customary practice of considering a single scientific or professional question, and will claim your attention to some general reflections, which occur to me as proper at the present period. A charter of incorporation having lately been granted to us, renders this a very important era in the history of our society. From hence only can we date our existence as a known public body. Under legislative patronage we assume a new capacity, acquire new rights, and become possessed of powers which, if prudently exercised, may conduce much to the happiness of mankind. Let me then, gentlemen, call your attention to some points which may serve to characterize us as men, and advance the cause of humani-

ty, and the commonwealth of science in general. And first, I shall speak of the obligations and duties incumbent upon us as individuals: these are of two sorts—such as we owe to others, and such as are due to ourselves. To those who apply for medical assistance and relief, we owe a faithful and conscientions discharge of that trust and confidence which they repose in us. How weighty and important is the charge committed to us! Life and health, the dearest blessings of individuals, and most material concern of society, are placed under our care. In this respect we are the guardians of blooming youth, the supporters of vigour and manly strength, and the comforters of declining age. The pained and distressed look up to us for relief, and the physician becomes (if I may use the expression) the arbiter of the sick man's fate. Life and death are in his hand. The slightest inadvertence, the improper use of a grain of medicine, may dismiss the confiding patient to the world of spirits. And poor must his consolation be in the moments of reflection, who can only plead ignorance or mistake, for sending his fellow mortal to the grave.

These things render the exhibition of medicine peculiarly important to others; and hence arises the various duties incumbent upon ourselves. How true, and yet how painful is the truth, that many who bear the name have few or none of those qualities which should constitute and adorn the character of a physician. It is therefore, in the second place, necessary that physicians should be properly educated, and when admitted to practice, that they should act up to the dignity of their profession. To form a physician and surgeon requires a greater variety of knowledge than is immediately essential to the exercise of any other learned profession. The practice of physic and surgery embraces almost the whole circle of the sciences; and to fill the character completely one ought to have a critical knowledge of them all. Few however, have the leisure, and the man perhaps exists not, who has capacity sufficient to cultivate and comprehend this variegated and boundless field of literature. But tho' occasion may not present the means, or genius be able to reach the limits of universal science; yet there are certain branches of knowledge which all may attain, and without which no one can hope to practice the healing art with reputation or success. Anatomy, Chemistry,

Botany and Natural Philosophy, should all be studied with unremitted diligence, and a minute apprehension of their several objects, uses and applications, be engraven on the mind as with the point of a diamond: so that the physician may, as occasion requires, call to his aid the discordant elements with which we are surrounded; together with the animal, vegetable and mineral kingdoms, and bid them unite in harmonious concert for the relief and preservation of their great superior, man. But to the acquirements of the head, the character I am drawing should add the gentler, though not less amiable virtues of the heart; humanity, tenderness and sympathy, should be the handmaids of his art. These dispositions have ever a good effect upon human maladies; and where medical assistance is in vain, they serve at least to soothe and mitigate the poignant feelings of the hopeless sufferer; yet must not this sensibility betray him into weakness. The physician should possess firmness of purpose and great presence of mind; he should be cool, collected and deliberate in the most difficult and distressing scenes of human woe. Need I mention too, that temperance, chastity, inviolable secresy, and strict honor, should accompany him in the walks of his profession. A drunken, a lewd, or a faithless physician is a monster in human shape, and should be driven from the habitations of men.

Thus, would the physician be useful to others, he must in the first place do justice to himself, by acquiring that knowledge and cultivating those virtues which have been just mentioned.

Actuated by principles like these, and governed by such rules of practice, physicians do honor to themselves and prove blessings to the community they live in.

Happy indeed, would it be for society, were they all of this description, who pursue so nice and difficult an art; yet this is far from being the case: for, however mortifying the thought, we must own that no profession so abounds with impostors and ignorant pretenders as the faculty of physic.

Nor indeed, is this to be wondered at, when we consider how simplicity may be imposed upon by cunning, and how impossible it is in cases of medicine to detect the cheat.

Added to this, until within a few years past, the door has been thrown open to all without distinction; and whether impudence,

necessity or vain conceit urged them to enter, they found ready admission and took upon themselves the name of physicians. This, for a great length of time, in New Jersey, was the only pursuit which a man could follow without instruction, or that required no evidences of merit whatever to entitle him to prosecute.

I cannot forbear on this occasion, to express my opinion of that class of impostors, who, without any pretensions to regular science, deceive the credulous and unthinking with tales of wonderful discoveries, infallible recipes, and the surprising power of *simples*. These people, the better to accomplish their purposes, affect to undervalue scientific improvements, clothe their knowledge under a veil of mystery, and deal out nostrums with all the secrecy and solemnity of conjuration.

Hundreds deluded into these snares, daily fall victims to the ignorance and avarice of those who make prey of mankind.

The physician of real merit, who acts up to the dignity of his profession, disclaims the works of darkness; he comes forward into open day, declares the principles upon which he proceeds, the remedies he applies, and freely communicates his discoveries and improvements, that the world may profit by the fruit of his labor.

But I cease to contrast characters which cannot indeed bear comparison. I shall leave these self-taught physicians and prodigies of nature to reflect on the difference between those who kill by nostrums, and those who make use of poison and daggers. With pleasing solicitude I look forward to the period, when these dregs of the profession will be purged off, and with them the odium they have brought upon it; when the name of physician will be synonimous to the man of science, honor and benevolence.

But secondly, permit me to call your attention from what should actuate and distinguish us as individuals, to those important objects which claim our regard in a collective capacity. Here our sphere of action is greatly extended; to the exertions of private men we have now superadded a political energy; having the power of making all such by-laws and ordinances as can in any wise tend to the advancement of medical usefulness.

By a law, passed in the year eighty-three, those who would become practitioners of physic and surgery, are required to under-

go an examination of a committee appointed for the purpose by the justices of the Supreme Court. A certificate from that committee, declaring the candidate duly qualified, will procure him a license to practice throughout the State.

Although the justices of the Supreme Court have a discretion in appointing examiners, yet at first, through the courtesy of the late honorable David Brairly, deceased, and since then of the present justices of the Supreme Court, examiners have uniformly been selected from amongst the members of this Society.

By this, we are become responsible for those who are admitted into the profession; they go forth into the world with our sanction and approbation; and by our certificate we publish that they are worthy to be entrusted with the lives of men.

Let us be careful then, to require the most satisfying evidences of professional knowledge before they obtain this recommendation.

We now have the opportunity of patronizing merit, and discountenancing ignorance and mere pretension. Let us then execute this part of our trust with the most impartial justice; neither refusing our testimony in favor of those who deserve it, nor yet granting it to those who deserve it not.

Another object of high importance, is the framing of such rules and ordinances under our charter as may tend to repress the evils complained of in private practice. All unfair dealing, or ungentleman-like behaviour from one physician to another, when designed, and clearly proved, should fall under the censure of this public body. We cannot indeed inflict punishments affecting the person or property of any one; but by reprimand or expulsion it is in our power to prevent much irregularity of practice, and to establish amongst the faculty an uniformity and consistency of character. The nature of our employment lays us open to the attacks of malice, and the machinations of self-interest; and when such motives govern a fellow practitioner, how easy it is for him to do an irreparable injury to the one he would disgrace or supplant.

For the honor of our society I could wish there was less cause for providing against mischiefs of so disagreeable a nature.

Besides preventing or punishing unfair advantages in practice between neighboring physicians, our regulations should be particularly pointed against the admission or retaining of such

characters who from notorious vices, by a general depravity of conduct, or acknowledged ignorance and mal-practice, are unfit to be enrolled amongst the Medical Society of New Jersey.

Next to these, the attention of the Society in its corporate capacity should be turned to the subject of compensations. Moderation and uniformity of prices in the practice of physic, should, if possible, be observed. Nothing has a greater tendency to injure the profession of medicine than the inequality of prices and the jealousy entertained by the mass of mankind with respect to the equity of physicians.

That men who devote their talents, their time, their health, and comfort to the wants and necessities of others, should have a decent and cheerful support, can never be denied; but on the other hand, it is right for those whose misfortunes make such assistance necessary, to know that they pay no more than is just and reasonable.

For all common services in physic and surgery, it will be easy to settle the rate of compensation; if this be done with care and moderation, and adhered to by the professors, much difficulty and embarrassment will be avoided in the settlement of accounts. People will be satisfied in knowing that they pay by rule, and not by humour; and the fair practitioner no longer lie at the mercy of those whose interest it is to misrepresent and exaggerate his demands.

Many other considerations of a public nature might be mentioned as particularly proper to engage the attention of this Society under the first operations of its charter; but the limits of an address will not allow me to be more minute; it must be left to the wisdom and experience of those who hear me, to suggest and carry into execution such further regulations as may advance the interests of our Institution.

Thus have I briefly pointed out some of those duties which pertain to us as individuals; and some objects of immediate and primary concern to us in our public character.

I conclude, gentlemen, with wishing all imaginable prosperity to this Association; may it from this era acquire new usefulness and importance, and the faculty of physic become as honorable to the profession as it is beneficial to mankind.

BURLINGTON MEDICAL ASSOCIATION.

DR. PARRISH'S REPORT ON OBSTETRICS.

The report on obstetrics will necessarily be confined to the observations of the Reporter within the sphere of his own labors in that department of practice. While it is gratifying to be able to state, that our community has not been visited with any puerperal disease of an epidemic character, we are obliged to record the fact, that a number of our patients have required unusual attention on account of a preturnatural condition of the lochial discharge. This secretion, it is well known, retains its sanguineous character for about three days after labor, when it becomes paler, thin, and watery, and speedily disappears; but in the cases referred to, instead of assuming its natural appearance at the termination of the third or fourth day, it became of a dark color, and very offensive, so that it was deemed necessary to use cleansing and antiseptic injections, both on account of the danger of absorption, and for the comfort of the patient and her attendants. In thirty-one obstetric cases which have come under the care of your reporter within the last three months, eight presented the complication referred to—the discharge in most instances, was of the consistence of molasses and very similar in color; this deranged condition of the secreting surface, resulting probably, from a tendency to some more violent form of puerperal disease, was manifested also, in a uniformity of constitutional symptoms; fever generally attended, and a feeble, accelerated pulse, so that gentle stimulants and tonics were administered with benefit. In several instances these symptoms were preceded by a rigor. In one case there existed a displacement of the uterus. The patient complained of pain in urination, attended with frequent calls to empty the bladder, and with a disagreeable sensation of distension in the upper portion of the vagina, with a degree of heat in the part. These symptoms suggested the propriety of an

examination per vaginum, which revealed a complete ante-version of the uterus, the fundus-uteri, being thrown forward into the cul de sac between the bladder and vagina, thus preventing the escape of the secreted fluid from the cavity of the organ; instead of passing through the os-uteri it gravitated into the fundus, and there accumulated till the offensiveness became almost intolerable: an adjustment of the displaced organ, caused it to empty itself of the offending secretion, and the difficulty was speedily removed. One melancholy case of malignant puerperal disease came under the notice of your Reporter. The patient was a female, aged 35, the mother of nine children. She was a laborer, and till within an hour of her accouchment was actively engaged in her toilsome duties. She was attended during her labor by a mid-wife, but her pains continued unceasingly after the child and placenta were removed, so that she was heard to cry out with agony from the extreme violence of her symptoms. About an hour after the birth I saw her, the bandage had been applied, and the duties of the mid-wife seemed to have been properly performed, the abdomen was greatly enlarged however, and the uterus was not felt in its place, upon pressure with the hand. Hot fomentations were directed to the abdomen, and a dose of calomel and opium given immediately, with directions to continue the treatment till my next visit—the patient was soon partially relieved, and fell asleep; the nurse also, fell asleep, and the cry of one of the children in the adjoining room awaking the mother, she arose from her bed, and went in to the child to give it water, with bare feet, and with no clothing but her night dress. Another paroxysm of severe pain soon returned, to relieve which, leeches were applied to the abdomen, followed by a large plaster of cantharides—the pulse was feeble, the countenance anxious, the tongue loaded with a brown fur, the skin cool, with a close sticky perspiration over the surface, the symptoms did not yield, and the strength of the patient being much exhausted, quinine, wine whey, and other stimulants were administered, but the disease progressed rapidly till it terminated life on the third day. The close was characterized by a remarkable development of the peculiarly terrible agonies of the last stage of puerperal fever. The day following the child was taken ill, and an erysipelatous inflammation appeared over the abdomen

and hips of the little sufferer, extending within the vagina, and at the time I saw it, was of a dark brown color; the integuments were hardened, and skin cold; the nurse now informed me that the mother was in the same condition, and at the time of the birth was very much inflamed all around the genitals, upon the abdomen, hips, and thighs, and that she had complained of a burning sensation in those parts, before she was confined. This attack was not ushered in by a chill, it did not present any premonitory symptoms, it came without warning, and was speedily fatal; no autopsy was made, it was not requested on account of the fear of receiving the infection, and conveying the disease to others. The case was remarkable for the suddenness of its attack, its severity, and its speedy termination. The history of this case, and the symptoms of puerperal fever being the prominent indications, taken in connection with the fact of the erysipelatous inflammation externally, give good ground to suppose that the disease is erysipelas. A neighboring practitioner recently informed me that while visiting a patient with a phlegminous erysipelas of the leg, being engaged in dressing the abraded surface, he was called to attend a parturient female. He washed his hands thoroughly, and waited upon the lady. Twenty-four hours after the termination of the labor she was seized with a chill, ran through a regular course of puerperal fever, and died. There was no disease of the kind prevalent at the time, in the neighborhood. Your Reporter would invite attention to this circumstance, and suggest that it may not only be a very interesting, but important enquiry how far there may be a coincidence in the approach and progress of erysipelas and puerperal fever, in the same neighborhood, at the same period of time.

The diet of infants is a subject to which the Reporter would solicit attention in this connection. It is well known that the common practice of the country is, to fill the stomach of the newborn infant with hot water and molasses, as soon as it is dressed. Almost every nurse considers this among the most important duties which she owes to the object of her care, and with what assiduity it is practised, every obstetrician can testify. So far as the influence of the writer extends, particularly within the sphere of his own practice, this common diet is not admitted into the lying-

in-room. It is but little that the infant requires, save what it obtains from its mother's breast. As before it can properly appropriate any nourishment, its alimentary canal must be cleansed of the secretions which have accumulated while in the cavity of the uterus, and this cleansing of the bowels can best be accomplished by the fluid from the mother, which precedes the approach of the properly organized milk. There is a singular adaptation in the quality of the nutriment, to the wants of the child at different periods. Nature has been remarkably provident in this respect, and it behooves those to whom the care of infants belong, to beware lest they interfere improperly with the regular operations of nature. Much prejudice stands in the way of putting the child to the breast as soon as the mother is able to bear it.

It is the general practice to wait till the third day, and the approach of milk is announced by a severe rigor. A chill on the third or fourth day is looked upon as a good symptom, because we are then certain that milk has formed. To save a woman from a chill, should be the prominent care of the physician; to do this, put the child to the breast an hour after labor, if possible, and continue every three or four hours to supply it with the draught which kind nature has furnished, and by the time it is prepared to receive the stronger nourishment, the same fountain will be ready to supply it. If there should be a necessity for an additional quantity of nutriment, it appears to us important that we should substitute a fluid as nearly allied to the maternal nourishment as possible. Molasses and water, or water boiled with biscuit, does not certainly resemble in quality the maternal food, and should therefore be avoided. A very pleasant, nourishing, and harmless substitute may be formed in fresh new milk or cream diluted with rennet whey, in the proportion of one part of the former, to two parts of the latter. This, sweetened with loaf sugar, forms the diet which we universally recommend, where there is any need for an artificial supply; and it is submitted to the Association as well worthy their consideration.

BIOGRAPHICAL NOTICES.

BIOGRAPHICAL MEMOIR OF JOHN COCHRAN, M.D.,

By Elias J. Marsh, M.D.

Brief and scanty are the memorials of a physician's life. It is passed in retirement and privacy; the chambers of the sick and the hovels of the poor are generally the scenes of his skilful and benevolent labors; and though his services are highly appreciated at the time, yet they are so personal in their nature, that the memory of them seldom outlives the generation to which they were rendered. Half a century generally suffices to obliterate the name and reputation of men eminent in their day, for great professional acquirements and skill, and if any faint traditionary memorials are preserved longer they are evidences of very great professional desert, or what is more likely, of other than professional merit. Some few names, identified with great discoveries, or vast benefits to the human species, float above the waves of time, and will float on as long as history and civilization last. Other names there are, not so eminent it is true, yet which a grateful country will not willingly let die. Names distinguished for public services, and associated with the great and good in their country's annals. Of this class was Dr. John Cochran, the subject of the following memoir.

This respectable physician was born in Chester County, Pennsylvania, on the 1st of September, 1730; his father was a respectable farmer, who emigrated from the North of Ireland to this country. The son gave early proofs of a fondness for liberal studies and a desire to learn a profession, and was placed by his father under the charge of Dr. Francis Allison, one of the best classical teachers of his day. After completing his preliminary education under this accomplished master, he commenced the study of medicine, at Lancaster, Pennsylvania; here he pursued his professional studies with diligence and attention under Dr.

Thompson. About the time he finished his medical studies, the war between England and France, in 1755, known as the old French war, broke out in America; and Dr. Cochran, thinking the army offered a wider field of usefulness and improvement than any he could find at home, obtained the appointment of Surgeon's Mate in the Hospital Department. He continued in this situation in the Northern Army during the war, and acquired great experience and skill under the able instructions of Monro, and other able army surgeons and physicians. The knowledge he had acquired of the Medical Police, and Hospital Service of armies, was of great use to his country in his subsequent career.

After the termination of the war, he left the service and settled in Albany, where he married the only sister of General Schuyler. From that city he removed to New Brunswick, in this State, where he practiced physic and surgery with great reputation and success. While living here, he united with other medical gentlemen of the State, in forming the New Jersey Medical Society, and of which he was elected President in 1768. This Society was formed to promote friendly intercourse and good feeling among the members, to elevate the character of the profession and to suppress quackery and imposture. The better to accomplish these objects, Dr. Cochran took an active part in procuring the passage of the Act of 1772, to regulate the practice of physic and surgery in this Province. For his services upon that occasion he received a vote of thanks from the Society.

On the breaking out of the war of Independence, Dr. Cochran, sharing in the warm feeling of patriotism which appears to have prevailed almost universally among the members of the profession in this State, took part with his country; and towards the close of the year 1776, offered his services as a volunteer, in the Hospital Department. General Washington, desirous of securing the services of so experienced and able a physician, in the Winter of 1777 recommended him to Congress in the following words: "I would take the liberty of mentioning a gentleman, who I think highly deserving of notice; not only on account of his abilities, but for the very great assistance which he has afforded in the course of the winter, merely in the nature of a volunteer. This gentleman is Dr. John Cochran, well known to all the faculty.

The place for which he is well fitted, and which would be most agreeable to him, is Surgeon General of the Middle Department; in this line he served all the last war in the British Service, and has distinguished himself this winter, particularly in his attention to the small pox patients and the wounded." Congress, acting under this recommendation, appointed him on the 10th of April 1777, Physician and Surgeon General in the Middle Department. The experience he had gained in the service during the former war was of great advantage now. The Hospital Department he found in a bad and neglected condition; he introduced many improvements, and greatly contributed to the comfort and welfare of the sick and wounded under his care. So highly were his services and abilities appreciated by Washington, that in 1780, learning that a new arrangement was about to take place in the Medical Department, and fearing that the contemplated arrangement would probably be so influenced by party spirit, that it would operate unfavorably on Dr. Cochran and others, he wrote to Congress "that Dr. Cochran and Dr. Craik, from their high services, abilities, experience and close attention, have the justest claim to their country's notice, and are among the first officers in the establishment." In the month of October, 1781, Congress, doubtless influenced by this advice, gave him the appointment of Doctor General of the Hospital of the United States. He discharged the duties of this high office with his usual judgment, fidelity and integrity, and a writer observes, "that while other gentlemen, high in the Medical Staff, were disgusting the public with mutual charges and criminations, Dr. Cochran always presented the character of an able physician and an honest man."

Soon after the peace, Dr. Cochran took up his residence in the city of New York, where he pursued the practice of his profession, until the adoption of the Constitution, when President Washington, retaining, to use his own words, "a cheerful recollection of his past services," nominated him to the office of Commissioner of Loans. The duties of this office he continued to discharge until he was disabled by a stroke of paralysis, when he resigned and retired to Palatine, Montgomery County, New York, where he died April 6th, 1807, in the 77th year of his age.

As a physician, Dr. Cochran, leaving fanciful theories and ingenious speculations to men of more lively imaginations, carefully studied the lessons of experience, and brought to the treatment of disease great care, rare judgment and tenderness. As a public officer he was vigilant, faithful and upright; and as his life was passed in the profession of the christian faith, and in the practice of the christian virtues, in death no cloud of doubt obscured his prospect of immortality.

Paterson, August, 1848.

EXTRACTS FROM A MEMOIR OF BOWMAN HENDRY, M. D.

By A Physician.

The parentage of Dr. Bowman Hendry was highly respectable. His grand parents immigrated from England, at an early period in the colonial history of America, and settled in Burlington, New Jersey, where his father, Dr. Thomas Hendry, was born. After some years, the family removed to the beautiful village of Woodbury, Gloucester county, in the same state, where the subject of this memoir first saw the light, on the 1st of October, 1773.

His father, Dr. Thomas Hendry, secured an extensive practice, and maintained, through life, an enviable professional reputation, in Woodbury and its vicinity. His mother was an English lady, remarkable for those traits of character which command respect, and call forth the affections, in all the social and domestic relations. The powers of her mind were of a superior order; cultivated and expanded by education; and their influence became evident in the excellent training of her children—especially in the development of those amiable moral qualities which distinguished her son, Bowman, throughout his long and useful life. The family name of Mrs. Hendry, was Bowman, and hence the origin of the rather uncommon appellation bestowed upon the youth whose history we are about to trace.

In the rural village of Woodbury, amidst lovely natural scenery, far from the pleasures and vices of great cities, Bowman Hendry

passed his happy childhood, increased in youthful vigour, and gradually formed those habits of contemplative thought, those feelings of kindness and gentleness, which, even in his earlier years, addressed themselves so forcibly to the hearts of others, as to engender similar feelings in the breasts of all who knew him. Though but few records of his youthful days remain, enough has been preserved, to prove that he was an affectionate child, an obedient son, and intensely devoted to study.

Not only during his boyhood, but throughout his life, his native village was, with him, an object of the deepest attachment; and love of home is a hallowing sentiment, hardly to be appreciated by the denizens of capitals. In a great city, a few years pass by, and the home of your childhood is gone; the sacrilegious hand of progress has been laid upon the monuments of cherished affection; commerce—wealth—improvement—have exacted change upon change; and the place of your birth is recognized no more! But, in the country, your children's children may drink at the same old well; they may sport beneath the same old trees; and home continues to be home.

Of all the circumstances which, in our early years, exert a lasting influence upon character, perhaps the most important is the choice of companions. Among the early associates of young Hendry, during the toils and pleasures of academic life in Woodbury, were the late distinguished and lamented Commodore Decatur and his brother; with both of whom, a friendship, there formed, subsisted throughout the diversified career of the parties. There, also, was the late Captain Lawrence, of the U. S. Navy, and the justly celebrated Andrew Hunter, a finished scholar, an accomplished gentleman, and an able lawyer, who stood for many years at the head of the legal profession in his native State. Mr. Hunter filled the office of Attorney-General of New Jersey, for several years, and his forensic and legal capabilities caused him to be admired in life, and truly lamented in death. In company with these, and many other most distinguished citizens of the State and times, Dr. Hendry received his education as an academy boy; and there still stands the old, time-honoured temple of learning, at this day! The storms of years have beat upon its head; scores of young men have been educated within its walls; they have

gone forth, generation after generation, to the perilous battle of life; the pupils lie scattered in death over the wide-spread field; but the venerable edifice remains an object of affectionate respect, the parent of literary eminence, and the scene of continued usefulness up to the present hour.

The principal preceptor of those days, in the Woodbury Academy, was a Mr. Hunter, a gentleman of high literary attainments, and a classical scholar of ample ability. Under his tuition Bowman Hendry received an education far more liberal than was generally obtainable, even by youth of respectable parentage, at that early period, when the whole country was struggling to recover from the ruinous results of the revolution; in which many families holding elevated positions in the social scale had lost their all. The kindness and gentleness of his disposition has been already mentioned, and that peculiar politeness which formed a feature so remarkable in his character throughout his entire career, displayed itself as an inherent principle, even during his academic course; it was merely expanded and perfected by further intercourse with mankind. In fact, the boy was a natural gentleman, in feeling and deportment. This trait, which, no doubt, constituted one of the important elements of his success in life, is prettily illustrated by the following incident.

While Bowman and the other young persons previously noticed, were fellow pupils at the Academy, they were accustomed, on leaving school, to proceed along the main street of the village, in company; and, at a certain hour, they almost invariably met a stranger youth, a carpenter, who was temporarily working in the place. As the young carpenter sometimes passed along, with part of his tools upon his shoulder, none of the lads took any notice of him except the embryo physician, who uniformly returned the salutation of the young mechanic with a graceful bow and a touch of the hat. This manner, so different from that of the other boys, so strongly attracted the attention of the carpenter, that, one day, after such an exchange of courtesies, he inquired of a colored lad, "who is that young gentleman with light hair tied in a queue, who has spoken to me so kindly and politely?"

"That," replied the negro, "is Bo Hendry, the son of Dr. Hendry, of Woodbury."

The carpenter removed to a part of the country near Ellisburg, where he married and settled in business; but ever after, during the long period of fifty years, he cherished, and on proper occasions displayed the most grateful remembrance of young Hendry's politeness towards a stranger. Thus, a little act of courtesy, the spontaneous offspring of good feeling and good principles, was repaid by a reward above all price—the life-long respect and friendship of an honest man.

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The literary course of young Hendry, at Woodbury, was concluded with distinction. Possessed of a tenacious memory, apt in the acquisition of knowledge, and displaying the habits of a close student, whatever he attempted in the course of his education was fully acquired and firmly retained. He left the academy with its highest honors, and, at the age of seventeen years, commenced the study of medicine, under the preceptorship of his father, whose age and attainments amply qualified him for the correct initiation of his son into the theory and practice of this noble science.

In a short time, a different arrangement was made, and young Hendry was sent to the city of Philadelphia, for the purpose of pursuing his medical studies under a distinguished practitioner of that metropolis, and attending the medical lectures at the University of Pennsylvania.

The transition from the tranquility and moral propriety of a country village, to the noise, confusion and allurements of a city, where the very atmosphere is supposed to be contaminating to the inexperienced; where fashion, folly and vice are so often rendered attractive and destructive, was no unimportant trial—no insignificant ordeal. But the mind of Bowman Hendry had been fortified by his previous moral training: the pious admonitions of a beloved mother had provided him with an armour of proof, and he passed the fiery test unscathed.

The University of Pennsylvania was, at that period, the only thoroughly organized medical school in the United States. In the year 1762, Dr. William Shippen delivered a course of medical lectures in Philadelphia, which, with the clinical teachings of Doctors Thomas and Phineas Bond, the fathers of the Pennsylva-

nia Hospital, and the anatomical labors of Doctor Chauvet, gradually brought about the foundation of the Medical School of Philadelphia. In 1765, the Medical College of Glasgow regularly appointed Doctors Shippen and Morgan as Professors therein; and thus was established the first or parent school of America, from whence, as from a prolific mother, all existing institutions of similar character in this country took their rise.

On arriving at this great fountain-head of medical learning, young Hendry became resident, as a pupil, in the family of the late highly distinguished Dr. Duffield, where the various relations which render life desirable and pleasant, were displayed in the most attractive form. His advantages in personal appearance, his urbanity of manners, and the invulnerable quality of his moral principles, elicited admiration, commanded respect, and secured confidence and friendship wherever they are most desirable; and nowhere was this more remarkably shown than in the family of his preceptor. The society of ladies tends strongly to refine and purify; and nothing more effectually removes rusticity, than female influence operating upon a sensitive and intelligent mind, when the heart of youth has escaped corruption by vice and evil habits. Our pupil was fully prepared to improve, and did most effectually improve the admirable opportunities now offered, for the favorable development of character and manners.

During the entire *curriculum* of three courses of medical lectures which young Hendry attended, uniform testimony is borne to his strict punctuality, indefatigable industry, and earnest zeal in the acquisition of every species of knowledge connected with the honorable profession of his choice. As a student of medicine, neither his finances nor his fancies ever led him to spend money with the prodigality of a profligate, nor did he evince the penuriousness of a narrow mind. He was liberal and generous, but not profuse; avoiding meanness on the one hand, and extravagance upon the other.

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During the time of his attendance at the University, young Hendry enjoyed the opportunity of hearing and profiting by the lectures of some of the most eminent Professors of that or any other period: such were those of Professor Shippen, on Midwifery,

Anatomy, and Surgery; the venerated Benjamin Rush, on the Institutes of Medicine and Clinical Practice; the celebrated Woodhouse, on Chemistry; Professor A. Kuhn, on the Practice of Physic; and Professor Ewing, the Provost of the University, on Natural Philosophy, &c. Our student was also favored to attend many occasional lectures, together with the actual demonstrations of the clinical and anatomical departments of the Pennsylvania Hospital, and reaped such practical advantages as were then afforded by the Philadelphia Almshouse. If, in the multitude of councillors there is wisdom—if, in the full complement of instructors there is the certainty of knowledge, the medical students of that day should have issued from the halls of their respected *alma mater* fully prepared to enter the great arena of life, and to act with wisdom and effect, under the sacred injunction, "heal the sick!"

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Time passed rapidly and agreeably with young Hendry, and his novitiate was drawing towards its close, when there occurred an era memorable in the history of Pennsylvania—"The Westtern Insurrection"—and great excitement immediately ensued among all classes of the community in Philadelphia. Without entering into details unconnected with this memoir, it is proper to state that the disturbance was caused by the resistance offered in some of the western counties of Pennsylvania to the excise law, or tax upon the distillation of whiskey: hence, those engaged therein were called "The Whiskey Boys."

A vast amount of military enthusiasm was created in the city by this outbreak; not that the immediate cause of the insurrection was deemed of vital importance, but that the love of "law and order," which is necessary to the preservation of all government, affected the people generally. The troops were called out; the whole town was in a war frenzy; nothing was heard save warlike music—the drum and fife, the loud tones of the bugle, and the spirit-stirring trumpet. The black cockade, the emblem of the Federal government, and, indeed, of the Federal party, generally, was mounted and worn at all times and in all places, by the zealous partizans of the authorities in power.

To this party our student, young as he was, belonged. Though only about twenty years of age, he was fired by the prevalent pa-

triotic enthusiasm, became engaged in the expedition then preparing for the field, and shouldered his musket, as a private, in the ranks.

Before the troops marched, his venerable father heard of the affair, and came from Woodbury in all haste, to thwart, if possible, this purpose of his son. The troops were then mustered in line, in one of the principal streets of the city, and the old gentleman made his way through the crowd until he reached the spot where stood his son, in the garb of a soldier. The meeting was unexpected; yet the father was kind; and, discovering the fixed desire of the young man to take part in the struggle, he relinquished his opposition, and gave evidence of his own patriotism, by his parting words: "Go, my son, and never disgrace the American flag!" then, with deep feeling, he returned to soothe the natural fears of the mother and family.

When the military array was completed, great anxiety was felt among the troops as to who was to take the chief command, when, at the proper moment, the governor of the state, "Tommy Mifflin" himself, in the blue and buff uniform of a general officer, appeared in the midst. A shout from assembled thousands arose upon the air, the music sounded, the troops were wheeled, and thus they commenced the campaign, with the beloved little governor at their head.

Bowman marched with the expedition until the troops reached the town of Lancaster, where a halt took place. To the student, this tramp, under the weight of a musket and knapsack, was no matter of jest: being a slim and delicate youth, and unaccustomed to hard tasks, he was, in fact, nearly overcome by the unusual exertion. Professor James, the surgeon of the troops, with whom he was well acquainted, saw the condition of the young soldier, and declared that he should march on foot no further, but become an assistant in his department. But how was this to be accomplished? Young Hendry was not yet a graduate.

Professor James, with characteristic kindness, undertook the whole management of the affair, upon the plea that the exigency of the case justified an unusual course; and Bowman was sent back to Philadelphia, with letters to the members of the faculty, and several other persons of prominent influence, requesting the

professors of the University to convene and examine the candidate for medical honors, even before the college commencement.

The patron having waited several days, without hearing from his *protegé*, started post for the city himself; and finding the young man not yet examined, succeeded, by his personal influence, in effecting the desired result: the professors met, and the novel proceeding was acceded to, upon the condition that the candidate would consent to submit to a very rigid examination. How many mortal hours he was subjected to the awful ordeal, has not been recorded; but he came forth from "the Green Box" triumphantly, and received the legitimate diploma from the hands of the provost and professors.

Dr. Hendry was then appointed Assistant Surgeon to the troops of the Western Expedition, and immediately returned to the army, in company with his indefatigable friend.

It is well known that the western insurrection was a bloodless war. The young Doctor had, therefore, no opportunity to exhibit his skill in the surgical art; but the march, the camp, the duties, furnished him with lessons for future life, upon which he did not fail to improve.

The troops were absent some months; and, on their return to the city, the Doctor was discharged with honor, and, perhaps, not without some pecuniary advantage. After a brief sojourn with the family of his preceptor, Dr. Duffield, whose daughter was the magnet attracting him in that direction, he proceeded to his paternal home in Woodbury, to commence the active duties of life, upon an independent footing.

The youth of Dr. Bowman Hendry thus happily concluded, he was received in his native village as one who held claims to the confidence, respect and affection of the community, rather unusual with those who have barely reached their majority, though crowned with academic honors; he had already moved as a man among men, and had acquitted himself with credit, in a public position of no inconsiderable responsibility.

The path of life now lay fully open before the young man, and the choice of a proper theatre of action necessarily became a subject of serious consideration with himself and the friends most deeply interested in his future welfare. After a survey of the

entire ground, it was resolved that he should commence his medical career in Haddonfield, Gloucester county, New Jersey; and accordingly, in the year 1794, he commenced practice as a physician and surgeon, in that pleasant and improving village and its vicinity.

But there existed, previously to that time, a colonial act, entitled an act to regulate the practice of physic and surgery in the colony of New Jersey, passed September 26th, 1772, prohibiting the practice of those professions by any person whatsoever, until "examined, approved, and admitted," by two judges of the Supreme Court, aided by such persons as they might see fit to call to their assistance in the execution of their duties. The operation of this salutary law was, of course, temporarily suspended by the confusion resulting from the American Revolution; but, on the 26th of November, 1783, an act of similar import and intention was passed by the Assembly of the State, a Board of Examiners being therein appointed, as aids to the judicial authorities in carrying out its provisions.

This curious law remained in force until the incorporation of the present Medical Society of the State of New Jersey, in 1816; and thus the subject of this memoir became liable to its provisions, although already armed with the diploma of the first medical school in the country. That the act had not sunk into desuetude when Dr. Hendry commenced his career, is sufficiently proved by a document which is still in being, and possesses, in these modern days, a species of historical importance. This *ancient* instrument contains the necessary legal certificate of the professional qualifications of Dr. Hendry, signed by the members of the Board of Examiners, Doctors Nicholas Bellville and Ebenezer Elmer, two of the most eminent physicians of that day, dated March 9th; and also, the authorization of the Judges of the Supreme Court, the Hon. Jas. Kinney, and the Hon. Isaac Smith, dated March 11th, 1796.

It will be found, however, that the young M. D. was by no means disposed to depend for his success in the battle of life, solely upon this double Ægis,—this two-fold diploma,—which might have been obtained by any industrious and ready student. Above all tricks of trade, to use the words of a distinguished medical

and personal friend, Dr. Joseph Hartshorne, he "practised no art but the art of healing;" and, from the very commencement of his career, the high-minded physician pursued the steady purpose of the honorable man, with the indomitable energy which controls success. It is not to be supposed that he escaped those anxious thoughts in relation to an ultimate establishment in profitable business, which naturally beset the candidate for professional patronage, upon ground pre-occupied by old and long established practitioners; but he was supported above despondency, and encouraged to promptitude in action and fervency of hope, by an unfailing self-reliance, founded upon the consciousness that his professional knowledge most fully qualified him for his allotted task, and that the disadvantages of youth—that formidable obstacle to public confidence in medical men,—was daily passing away, with all desirable rapidity.

When Dr. Hendry commenced his professional labors at Haddonfield, he found there two physicians of long established reputation in the village. These gentlemen were, Doctors Blackwood and Tallman. But notwithstanding this apparent disadvantage, the practical skill and urbane manners of the young aspirant won rapidly upon the trustful respect of the community, and he soon became engaged in an extensive practice.

About the year 1796, though the precise date is not recorded, the entire professional field was left open to Dr. Hendry, by the removal of his senior competitors; Dr. Blackwood having changed his residence to Mount Holly, and Dr. Tallman being removed by death. Under these circumstances, his practice increased with singular rapidity, until it embraced the whole surrounding country, and even encroached upon the circuit of his father, in the neighborhood of Woodbury; and the unbounded confidence which that father reposed in the professional ability of the son was no mere creature of parental fondness—it was warranted by the universal reliance on the tact and judgment of the young practitioner, both within and beyond the ranks of the profession.

Being now firmly established, the subject of our memoir deemed it prudent to conclude his long protracted engagement with the daughter of his former preceptor, Dr. Duffield. Accordingly, the marriage was consummated, and the happy parties entered upon

the novel duties of house-keeping at Haddonfield, the residence and office being conveniently situated under the same roof, in the most agreeable part of one of the most attractive villages of West Jersey.

From this time forward, all the energies of Dr. Hendry, both physical and moral, were most strenuously devoted to his professional duties. He was never known to refuse a call. By day or by night—in heat or in cold—in sunshine or storm—if a mortal man and a good horse could make their way to the scene of action, no patient was ever disappointed; and thus, he continued to fulfil the onerous obligations of his honorable calling, during a term of more than forty years, without a competitor to divide with him his vast responsibilities throughout a wide range of territory. The members of the faculty with whom he was constantly associated in distant consultations, united with the general public in conceding to him that elevated position in the profession which none attempted to dispute. He became "*the doctor*" of Gloucester county, his rides extending from the Delaware to the seaboard, and being not unfrequently pushed, at the request of other practitioners, to the very extremities of the State.

To those who should attempt to estimate the amount of physical endurance required for the exercise of such a vast range of professional duty, by the facilities enjoyed at the present time, and in most sections of our now populous country, the possession of this great amount of patronage will probably be viewed as a singular example of unalloyed good fortune. But in order to appreciate with justice the debt of gratitude due by the community to this indefatigable public servant, we must take into view the nature of his labors in an age when the division of labor was unknown in the practice of medicine, and when a large portion of territory within his regular circuit—thousands of acres of which are still a tangled wilderness of pines and cedars—was very sparsely inhabited, by a people in a state of primitive simplicity, among whom the refinements and luxuries of life were unknown, and who were so extremely poor that the professional benevolence could calculate upon slender reward beyond the prayers of grateful hearts. The following amusing anecdote will serve as an illustration of the then existing condition of society.

During about fifteen years of the early part of his professional career, Dr. Hendry rode upon the saddle. By night or day, in heat or cold, storm or sunshine, he was on horseback. At length, resolving upon an improvement in his mode of travelling, he purchased, at a vendue, an old-fashioned sulkey, of the kind used in those days, by the rich and aristocratic portion of the community only. This article was an ordinary chair, placed upon wooden springs, open to the sun and rain: for, in those days, a top cover would have been considered ridiculously effeminate! The whole establishment—harness to match, &c.—was struck off to the purchaser at *thirty dollars!* An old Friend who had witnessed his extravagance, quietly remarked, "Doctor, I fear thee is too fast in making this purchase:—Thee will not be able to stand it and make thy income meet thy expenses!" In this, the old Friend was perfectly sincere; only intending to recommend the conscientious caution of his sect, in all their financial dealings; and his remark furnishes a strong proof of the primitive simplicity of those times.

The introduction of one luxury usually demands the adoption of others: Dr. Hendry soon found that he required a light when driving along the intricate "pine roads" by night; and he accordingly commissioned a friend, to procure, from the city, a pair of coach lamps. The agent, anxious to oblige, but ignorant of the proper proportions of carriage lamps, procured a huge pair, each approximating the size of a bucket; but the Doctor made the best of the bargain, and appended them to the sulkey, where, when properly armed with a pair of spermaceti candles, they rendered awfully luminous the defects of both the road and the establishment, much to the edification of old Silver-tail, his favorite horse. Soon after the lamps were put on duty, and while the Doctor was travelling on a dark night, from Hamilton to Long-a-coming, he was startled, in a dreary part of the road, by the cry of Murder! Murder! Halting, and listening attentively, he found that the cries were in front; and lashing his horse to speed, he gained rapidly on the sounds, until, in a few minutes they seemed to turn into the forest and become faint in the distance. The Doctor, finding it impossible to follow, or to fathom the mystery, drove on.

Passing, next day, through the same part of the country, and observing the people standing in groups about the door of the village tavern, he alighted, and entering the house, inquired what had happened to produce such excitement in the neighborhood.

He was informed that a most dreadful affair had occurred during the preceding night. An old wood-cutter, one of the boldest men in the vicinity, on returning late from his work, had been pursued by a monster of most horrid appearance. It had great eyes of fire; a long body, and a monstrous tail, which it flourished, from time to time, as it pursued the frightened forester!

As the Doctor was very fond of a joke, he took pains to humor this capital affair, asked numerous questions, manifested great concern, and stated that, as he passed along the same road, that night, he had himself seen the monster; adding his conviction that the creature would make itself visible again, somewhere about midnight. Accordingly, about eleven o'clock, that evening, he drove into the village, in his regular round of duty—lamps glowing, the sulky rattling, and the whip flourishing merrily round old Silvertail. The inhabitants—men, women and children still out of bed—were gathered around the tavern porch, awaiting news of the terrible visitant; and loud was the shout from the crowd, when, stopping before the door, the monster stood revealed!

"Dr. Hendry's monster" remained a standing jest in that neighborhood, for many years; but, for a long time, the old wood-chopper never permitted the sulkey to pass, without a critical examination of the lamps; as if still suspicious of some lurking principle of life about the curious machine. The inhabitants of that region had never before witnessed such "a new-fashioned extravagance" as a carriage with lights.

Had the professional circuit of Dr. Hendry been solely or even chiefly confined to the vicinity of such villages as Haddonfield, Camden, and Woodbury, where, after the death of his father, it became much enlarged, or had his customary daily rides in other directions been circumscribed by Blackwood-town, Evesham, and Cropwell—the two latter places being chiefly settled by members of the society of Quakers or Friends, among whom his practice was extensive—his duties, though arduous, might have been ac-

complished with comparative facility, and, while less extraordinary powers of physical endurance would have sufficed for the fulfilment of the task, the pecuniary reward might have approximated in some degree towards an equivalent for the exertion it required. But from this more favored district, the Doctor and his already half exhausted horse were called upon to plunge into the broad spread, semi-desert region of the Pines of West Jersey, where it would be difficult to designate his long and solitary route, through primeval forests, almost impervious to the noon-day sun —through "Barrens," tangled and briery with scrub-oak and thorny vines, or stretching wide and far their plains of sand, where scarce a wandering bird could draw subsistence from the arid and steril soil. Yet, wherever there was found a human being to demand his professional aid, there would he find his way, by high-ways or by-ways, bridle path, blaze, blind-road, or no road at all!

Not unfrequently, the protracted absence of the Doctor on these distant excursions would occasion considerable alarm in his family; but when questioned, on his return, as to the cause of his delay, he would pleasantly reply: "Nothing in the world was the matter, only that I became lost for a long time in the Pines, and was compelled to lodge in the woods!" Many a night has this devoted physician passed in the manner just described: and after he adopted the use of the sulkey, he would fasten his horse, on such occasions, to a convenient sapling, then wrap himself in his cloak, consign himself unmurmuringly to the care of all-pervading Providence, and sleep, till morning light enabled him to escape from the meshes of the sylvan labyrinth. During the prevalence of epidemics, this wide extension of his range of practice, coupled with the great number of his patients, obliged him to remain constantly upon the road and in the sick-room, for days and nights together, without rest or intermission, until exhausted nature could endure no more.

During a period of about thirty years, the general amount of daily travelling performed by Dr. Hendry, was from thirty to fifty miles; but his journeys sometimes extended to the almost incredible distance of seventy-five miles in a single day; and the necessary rapidity of his movements on such occasions, was sufficient

to tire out four horses in succession. It has been computed that, during his entire career of professional usefulness, more than two hundred of these noble animals were completely exhausted in his service. With a practice thus enlarged beyond all example in this region of country, it becomes a matter of astonishment that human nature did not succumb beneath his vast and long-continued exertions: but Providence had blessed him with a capacity to endure fatigue and loss of sleep, beyond the powers of ordinary men—a capacity which might appear incredible if unconfirmed by testimony which cannot be disputed.

When, by a refined urbanity of manner, the conscientious discharge of duty, untiring industry, and the lapse of many years, a great public benefactor has endeared himself to whole generations of his grateful fellow citizens, "trifles light as air," incidents and characters otherwise unimportant, or even ridiculous, often assume an unusual degree of interest by becoming embalmed in the memory of departed worth; as insects inclosed in amber are treasured among gems. In writing, as the biographer of Dr. Hendry desires to do, for the gratification of those who knew and loved him, it would be improper to pass by entirely without notice, two agents of his usefulness, who, however humble, became associated in men's minds with the benevolent physician, and who, as sharers of his arduous labors, deserve our recognition. These are the Doctor's favorite horse and the Doctor's negro man.

Old Silver-tail has been already introduced upon the stage, as one of the heroes of the monster apparition. Many now living in West Jersey will have a kindly recollection of this most faithful animal. For a long course of years he was the last dependence of the laborious practitioner—the only one of all his numerous stud in whose selection and purchase he felt a pride. When, on occasions of unusual exertion, every horse in the stable had been successively exhausted, and still another "call" demanded prompt attention, old Silver-tail was tried again. This animal was a sorrel, so fiery and full of spirit that he received the cognomen of "Cayenne;" his more enduring title being derived, of course, from the peculiar color of his caudal appendage. By moderate computation, this invaluable animal performed at least forty thousand miles of travel in his master's service, carrying upon

his back, or dragging in the sulkey, a weight of one hundred and eighty pounds. In cases of extreme emergency, when life or death depended upon immediate action, Dr. Hendry was a furious driver, and spared his horse as little as himself. The burden of the struggle against time then usually fell to the lot of Silver-tail; and nobly did the generous creature respond to the demand. Many a vigorous Jerseyman now lives, unconscious of the fact that a parent's life, and hence his own existence, are due, under Providence, to that old sorrel horse.

The immediate guardian of old Silver-tail was a colored man named John Fussell, who still lives in the enjoyment of the respect and kindly feelings of those who honored and loved his former employer. This long-tried and most faithful domestic, who was with Dr. Hendry in the days of his greatest prosperity and most arduous labors, was far from being confined in his sphere of usefulness to the stable and the menage;—he entered upon service when a mere lad, and continued in the family, as a house-servant and attendant upon the Doctor and his horse, for the term of twenty years; when he resolved to marry, and begin life in another sphere. In fact, the Doctor was often dependent upon John for the preparation of many of his prescriptions, under proper directions, during sickly seasons: he waited to answer calls in the office, and became associated in so many ways with the profession, that he acquired the familiar title of "Dr. John." For several years he was the only assistant in the office, and became quite expert in compounding medicines, and very naturally *considered himself* by no means without skill in actually prescribing for the sick. It is quite amusing to hear the old negro tell of the sufferings of "the Doctor and me," while engaged in such active practice. He now resides in a little cottage a few miles from Haddonfield, where he has maintained, for many years, the character of a firm and consistent member of the Methodist Episcopal Church, having been distinguished throughout life for undeviating honesty, veracity and general good conduct. To this day, an allusion to his former services in the family of his employer is sufficient to suffuse his eyes with tears of grateful recollection; and, if permitted to tell the story himself, it would appear beyond dispute, that no three individuals ever served the public with half the zeal of Dr. Hendry, John, and Silver-tail.

In an age when the duties of the medical practitioner have become divided into many branches; when pharmacy has been elevated into a distinct profession; and when, at least in the more thickly settled portions of the country, particular physicians are beginning to devote especial attention to surgery, obstetrics, the diseases of the chest, or the diseases of children; thus establishing peculiar reputations in some one or more departments of the multiform art of healing, the country practitioner is often able to divide or to escape entirely, an onerous responsibility in rare and difficult cases and unusual operations with the knife. By this means the difficulty of his isolated position and the labor of study in keeping pace with the advance of science, are essentially diminished. But no such alleviation of labor was possible with Dr. Hendry. In the morning, perhaps, he would be found engaged in the treatment of an important and difficult compound fracture; at noon, adding another young aristocrat to the republic; then, snatching a hasty dinner, relieving an attack of violent infantile convulsions in the child of a humble cottager, on his way to the bed-side of some etiolated fair one, retreating from the exhausting heat of the capital, with the hectic flush upon her cheek, to die among the flowers, and be buried where the birds might sing over her early grave: at the next moment we may follow him into a scene of terrible family affliction, to calm the ravings of the terror-stricken victim of *mania-a-potu*, so justly called "the horrors;" then rapidly dismissing half a dizen cases of the prevalent epidemic, and dashing off five-and-twenty miles into the pines, to usher into being an additional bread-eater, to encumber the already over-burdened board of some poor glass-blower at the furnace.

He was peculiarly fortunate in the department of obstetrics, which, previously to his time, had been almost monopolized for years by female *accoucheurs;* and certainly no other individual in West Jersey ever introduced into this world of toil and care, so many children, with so much honor to himself and ease to the mother and infant.

The number of severe cases of surgical injury occurring under the observation of the country practitioner, is rarely very great, and this very infrequency seriously interferes with the preservation of that habitual skill which cases of this character require:

but Dr. Hendry was equally distinguished in all branches of the art. It is much to be regretted that there exists no detailed record of the very numerous operations which he performed, from time to time, during his long course of practice; yet, evidence enough remains in the memory of his surviving neighbors, to show that many of them were difficult and dangerous—such as are sufficient, when performed in the great medical institutions of capitals and made public through the press, to establish an enviable reputation for the operator. But the subject of our memoir lived before the age in which a multiplicity of medical journals afforded the facilities for favor which are now extended alike to the practitioners of cities and the rural districts. Several successful applications of the trephine, in severe injuries of the brain, in which the skilfulness of the after treatment secured the lives of the patients, under highly unfavorable circumstances, are vividly recollected by many; and among the cases occurring near the conclusion of Dr. Hendry's career, were two of great severity, which possess peculiar local interest, because one, at least, of the sufferers still resides in our midst. Their history is as follows:

Among the military implements in the custody of Judge Clement, of Haddonfield, then the brigade inspector of the New Jersey militia, &c., &c., was a venerable piece of ordnance which had seen much service in the Revolution, and was now treasured as a relic under the title of "the old county cannon." On the 22d of February, 1829, great preparations were made in Haddonfield for the celebration of the birth-day of the Father of his Country; and, to crown the honors of the day, it was resolved that the old county cannon should thunder forth a national salute. The gun had passed its best days, and it was known that it would become unmanageable if heated by rapid and frequent firing; but the permission of the brigade inspector being obtained, the experiment was tried. Jeremiah Elfreth, with the present E. Clement, undertook the management of the piece, and it was repeatedly discharged. Captain J. B. Cooper, U. S. N., being present on the occasion, cautioned the gunners several times that unless they were more careful in re-loading, some serious accident would certainly occur; and his last warning was scarcely uttered, when, in consequence of some inadvertency, the piece went off premature-

ly, and both the gunners were prostrated upon the ground, then covered with snow, with their apparel in a blaze. They were severely burned from head to foot before the flames could be extinguished. Their limbs were frightfully lacerated, and their faces terribly injured. They were carried to a neighboring hotel, in a state of profound collapse from the extent of their injuries, and surgical aid was immediately called in requisition.

It has been already stated that this accident occurred towards the close of Dr. Hendry's career. Some time previous to this disastrous explosion, two young medical gentlemen, Doctors Thornton and Blackwood, had established themselves in Haddonfield, and were received by him with that peculiar kindness and refined politeness which formed such a striking feature in his character, through life. These gentlemen being at home at the moment, were first at the scene of distress; and Dr. Hendry returning soon after, from a visit at some distance, a thorough examination of the nature of the injuries took place. Clement was was found to have lost his right arm, with several fingers of the left hand, and had also suffered a horrible wound of an eye; while in the case of Elfreth, the eyes and body were severely injured, and the right hand carried away.

To the mind of the professed surgeon, these instances of complicated burns, fractures, and lacerated wounds attended with collapse, will present questions of the greatest nicety, and mooted points of doctrine, which still remain undecided by medical men of the highest eminence. They were calculated to test, in the fullest manner, the scientific abilities of the practitioner. Dr. Hendry was never known to shrink from any professional responsibility; his entire fearlessness being the result of his firm reliance upon those principles for the regulation of medical practice which he had adopted after mature deliberation and careful observation:—he advised immediate amputation, without waiting for re-action, as the only means of saving life, in either case; and the consultation yielding to his opinion, he proceeded to perform the necessary operations, by the request, and with the assistance of Doctors Thornton and Blackwood. He amputated the arm of Clement and the hand of Elfreth, and afterwards continued his attendance, in company with the two junior practitioners. The result fully justi-

fied the reputation which Dr. Hendry had long enjoyed among his fellow members of the profession, as the most prominent surgeon of the western section of his native state. Both patients recovered from the effects of the operation, and their complex injuries, to the astonishment of the public and the professional attendants.

In the theory of medicine his conceptions were clear, correct, and decided, his tact in diagnosis remarkable, and his manners at the bed side firm, but in the highest degree kind, polished and condescending. He never refused to listen and reply with gentleness to the suggestions of ignorant attendants or over-anxious friends, but never receded from a principle, or modified a direction, from a disposition to yield to unwise pertinacity, or cultivate golden opinions at the sacrifice of duty; yet, probably, no practitioner ever enjoyed in higher degree, the confidence and the affection of his patients and the subordinates of the sick room. His clinical practice was rich in original prescriptions, the result of long continued observation and research, and his knowledge of practical pharmacy extensive and minute. With this profound and accurate knowledge of his profession, he was naturally an uncompromising foe of all species of quackery and empiricism. The sick room was for him a battle field and with the most chivalrous devotion he there assailed the foes of human health—glorying in the defeat of the enemy, and the restoration of the victims of disease.

How, in the midst of such engrossing professional labors, Dr. Hendry managed to keep pace with the progress of his profession, it is difficult to conjecture; but that he did so, with remarkable success, is not to be disputed. Some portion of his time, however intensely occupied, was regularly devoted to study. He was a subscriber to the principal medical periodicals, both foreign and domestic, and was always found prepared to converse and to act upon the scientific discoveries and professional improvements of the day.

Nothing can tend more strongly to substantiate the justice of this statement than the frequency with which he was called in consultation by the most prominent physicians of New Jersey, and the men of science of the country.

It will hardly be supposed that one so constantly borne down by the pressure of an enormous private practice, could find time for the performance of public official duties; yet, for many years Dr. Hendry had charge of the Gloucester County Alms-house; and many of the poor and suffering who were inmates of the institution at that period, continue to relate with feeling, his numerous acts of kindness and benevolence while visiting among them, administering to their peculiar wants, and rendering their condition as comfortable and agreeable as possible.

Another instance of his devotion to the public is exhibited in his consenting to serve as surgeon to a volunteer company of cavalry, formed in 1805, by the present venerable Captain J. B. Cooper, from the young gentlemen of Woodbury, Haddonfield and the adjacent country. The Captain being a general favorite, and the uniform peculiarly attractive, this company became very large, and continued in existence many years; during all which time, the Doctor never failed to parade with them, except when positively prevented by professional engagements.

In fact, the subject of our memoir, though so engrossingly engaged, found time to mingle freely with his fellow citizens, on all occasions proper for the physician and the gentleman. His attention was always fully awake to every subject affecting the interest or the morals of the community, and his conversation was rich in the varied knowledge befitting the accomplished scholar and the man of general information. His political opinions, though decided, were never blazoned abroad; he never entered into political contests; but, steadily performing his private political duties, and maintaining his right to individual judgment on such subjects, he suffered none to invade that right, and never invaded the similar rights of others. When questioned as to his partizan predilections, he would at once evade the issue by playfully remarking, "I am a Doctor—not a politician." To fill his station as a citizen, with dignity, and propriety, without compromising his character as a man, his feelings as a gentleman, or his professional usefulness, was his determined resolution; and so nicely was this end accomplished, that those of the most opposite politics felt no disposition to impugn him for his political faith. His standing

throughout all West Jersey was perfectly favorable to his elevation to any office in the gift of his very numerous friends, but he preferred remaining simply their physician; and the only instance of departure from this rule, is a proof of his disinterestedness. He served for many years, and at considerable sacrifice, as a director of the State Bank at Camden.

Once only, in his life, did he enter into a political canvass, and the result is characteristic. The first effort to remove the county seat from Woodbury to Camden, was made during the life-time of his father; and at the earnest solicitation of his parent, whose interests centered in Woodbury, he was induced to exert his influence in opposition to the contemplated change. How adroitly and effectually he accomplished the delicate task let the sequel show!

On the day of the election, the Doctor lent horses and carriage to a neighbor, whom he supposed to be warmly engaged on the same side of the question, to convey voters to the polls. All that morning, the said horses and carriage were busily employed in bringing *Camden voters* to the ground! At noon, however, the neighbor became conscience stricken; and seeking the Doctor, he candidly confessed the trick, and apologized by saying, "it was but a joke." The Doctor's reply was an admirable proof of his habitual self-command: with perfect good humor he remarked, "My dear Sir, *it is* a capital joke; but—*never tell it again!*"

In religion, as in politics, Dr. Hendry cautiously avoided those controversies which, without benefiting any one, might have lessened the sphere of his professional usefulness; but he was never backward in the simple statement of his faith, when courteously questioned upon this all-important subject. On this point he remained conscientiously firm, even when, in the opinion of many, his temporal interest was deeply involved; that is, he never accommodated his mode of address or language, to the religious peculiarities of those with whom he was professionally connected. His freely avowed sentiments were those of a Churchman; and, through life, he manifested, on all proper occasions, a decided preference for the Episcopalian service, over any other mode of Divine worship; but he was no sectarian; being sufficiently charitable to allow that every human being should be permitted to

approach his Creator in the manner dictated by his own proper conscience. He never attempted to prescribe any form of religion to others; and he mingled freely with those of every religious persuasion, while conforming punctiliously to the forms and usages, and uniting sincerely in the prayers and regular service of his own Church. For the Society of Friends, many of whom were ranked among his deeply valued associates and most intimate acquaintances, he always entertained the highest esteem; but Dr. Hendry was by far too cultivated in taste, and consistent in principle, to imitate the custom of those who, with no doubtful purpose, adapt, or awkwardly endeavor to adapt their language and manners to the singularities of that very peculiar body of Christians. The Society of Friends contains an unusual number of men of cultivated minds, sound judgment, and reflective habits; and its members very properly regard as highly offensive, if not openly insulting, the assumption of its peculiar habits, by those with whom they result, not from faith in their propriety, but from a sinister and contemptible policy. Dr. Hendry was a gentleman, and could not stoop to vulgar arts. His unvarying popularity with both divisions of the sect, notwithstanding his constant professional association with all parties during the recent schism, is honorable alike to him and them.

We have now completed a rapid and faintly colored sketch of the professional labors of Dr. Hendry during the active period of mature manhood. Other illustrations of their nature and extent may be presented in discussing the true causes of his unbounded popularity, but it is now time to review the history of the decline and termination of his long and useful career.

The natural consequence of the excessive and continual exertions of this self-sacrificing public benefactor was, the access of a premature old age; and, as an additional evidence of decay, he was attacked with that dreadful, and, at his age, hopeless affliction—epilepsy, so frequently fatal not only to the physical, but also to the moral faculties;—leaving the strongest and most brilliant intellect to flicker for a little while, fitfully gleaming like an expiring lamp, until quenched by the tears of mental imbecility. The hitherto firm constitution of Dr. Hendry began to be "broken up," under the continued assaults of this terrible enemy; the ro-

bust frame became enfeebled, the manly countenance gradually lost its vigorous expression, and the noble and towering form, its majesty and grace; but it was not until the epileptic attacks were renewed with constantly increasing violence for several years, that the intellectual faculties of the victim began to yield. His powerful constitution wrestled long and energetically with this frightful disease, and all the medical ability of his distinguished and ardently attached collaborators in the professional field was brought to aid it in the desperate struggle; but, in vain! The termination of a medical career of unprecedented usefulness and honor was close at hand!

Until this fatal illness, Dr. Hendry had never been known to travel for recreation or amusement; but now, his excellent friend and attentive physician, Dr. Spencer, succeeded in inducing him to pay a visit to the city of New York, for the benefit of change of scene; and his physician bore him company. In that city, he became the honored guest of Dr. Spencer's particular friend, the late Major Gamble, U. S. A., of whose genuine hospitality he retained a pleasing remembrance until death, ever mentioning the subject with feelings of gratitude and delight. The visit had the effect of cheering the Doctor's mind, but permanent relief was beyond all human art.

The absolute necessity of relinquishing the practice of his profession became daily more apparent, and an effort was made to settle his temporal affairs. In this undertaking, his friends encountered difficulties productive of most painful feelings. Instead of being a man possessed of vast riches, as many, recollecting his extensive practice, naturally supposed, he was found comparatively poor! His liberality on all occasions, but more especially the neglect of his account books, and the collection of just debts, resulted in this state of his affairs at last! No remedy could be applied; the time and opportunity were gone, and thus, the condition of his pecuniary circumstances became the proudest monument of his life-long and self-sacrificing liberality.

Though Dr. Hendry may have been carried by his charitable feelings, in some instances, beyond the bounds of reasonable benevolence, we would shield his memory against the charge of weakness or folly in monetary affairs. The condition of his finan-

ces was the result of far nobler causes, among which may be mentioned a total unwillingness to allow personal considerations to interfere with his first and paramount mission—the healing of the sick. At many periods of unusual public distress, the vast extent of his practice rendered utterly impossible the very record of his services. There was literally no time for the regulation of accounts. Thus, during the typhus epidemic of 1821, he kept four horses constantly employed. The value of his practice at that time was fairly estimated at seven or eight hundred dollars per month; yet for four consecutive months he did not put pen to paper, or attempt the entry of a charge!

But his pecuniary resources were not curtailed solely by his strict attendance to what may be termed ordinary professional duties, rendered excessive by the extent of his practice. His direct charities were liberal to the last degree; a very large share of his services in every stage of life was rendered gratuitously by intention; and he expended a handsome fortune in the free supply of drugs to the families of his patients, in moderate circumstances, together with other comforts, such as food, clothing, and occasional pecuniary aid to those who were decidedly poor. These blessings he distributed with a liberal hand, and with a truly Christian avoidance of display. He carried with him, into the more serious scenes of professional life, the finest feelings of the human heart, and even when most fatigued, the thought of pending cases of extreme illness or danger, would often deprive him of sleep.

A single instance will suffice to show how constantly his high responsibilities engaged his mind by night, as well as day. His widow related that upon one occasion the Doctor returned about midnight from visiting a patient, and retired to bed: but he lay very restless and uneasy for about an hour, when he suddenly arose, called for his horse, and prepared to go out. A furious storm was raging at the time, and the night was intensely dark.

"Why, Bowman," inquired Mrs. Hendry, "where are you going? I have not heard you called:—and on such a night as this!"

"I have been reflecting upon the case of Mr. A.," replied the Doctor; "he is extremely ill, and has a large family dependent upon him for support: if he dies, they must be thrown upon the

cold charity of the world. I have just thought of something which may possibly be of service. If I do not go, and administer the medicine, I cannot be satisfied."

He departed immediately, in the midst of the storm, and rode about seven miles, in the profound darkness, to the residence of Mr. A. About daylight, he returned, and said: "Mr. A. is better. Give me an early breakfast: I must return again!"

* * * * *

One of the noblest proofs of Dr. Hendry's genuine goodness of heart and religious regard for his professional duties, is found in the fact, that no degradation in the social or moral scale could remove the sick and suffering beyond the pale of his benevolence and sympathy. From a host of similar examples, let this one suffice:

Mr. C., of Timber Creek, relates that, on one occasion, the Doctor attended a family of negroes, resident about seven miles from Haddonfield, who were afflicted with typhus fever. Mr. C. informed him that his patients were utterly worthless beings, a disgrace to the neighborhood, and a set of notorious thieves; but this information produced no relaxation in the Doctor's efforts for their relief. He felt himself not the judge, but the professional guardian of these miserable victims of the triple terrors of poverty, disease and vice. His attendance was continued daily, in all varieties of weather, and every member of the family was separately, minutely, and carefully attended, until all were restored to health. During all this time, he not only supplied them gratuitously with the necessary medicines, but caused them to be furnished from a neighboring store with all the common necessaries of life, at his own individual expense.

There can be no doubt that this noble generosity has frequently subjected Doctor Hendry to considerable losses, through the base cupidity and designing villany of the unprincipled; but, even when fully exposed, such cases failed entirely to check the current of his kindly feelings; as the following thoroughly authenticated instance will prove beyond dispute:

The present Judge Clement, of Haddonfield, always a firm friend of Doctor Hendry, one day called upon him, and intimated that he ought forthwith to commence a suit at law against certain individuals deeply indebted to him for several years of unrequited

medical attendance; stating that they were in the act of packing up for a removal to the western country. The Doctor objected—the judge remonstrated; assuring him that the parties were perfectly able to pay, and that, to suffer them to escape with impunity, would be encouraging an unpardonable proceeding on their part, and an open injustice to himself and family. At length, the Doctor yielded a reluctant consent, and, accordingly, the usual legal process was promptly issued.

About noon on the day for the return of summons, the delinquents arrived at the residence of Dr. Hendry, and informed him that they had each been sued by him! This was indeed a novel and most embarrassing position. He apologized most feelingly for the inconvenience he had occasioned them, gave each the necessary funds to pay the costs, insisted on their dining with him, which they did, and then politely dismissed them, with his best wishes for their future prosperity and happiness! Meantime, the magistrate, Judge Clement, was patiently awaiting the appearance of the respondents, with a full determination to secure the Doctor's fees; but they, not wishing to disturb him, immediately withdrew within the limits of a neighboring State, and left their hospitable friend to pay the costs a second time.

On meeting the judge soon after, and hearing his indignant expressions of amazement and regret, the Doctor replied, in a deprecatory tone, "My dear Sir! They assured me they would send the money from the West." And he believed them!

Although the temperament of Dr. Hendry was ardent, and his feelings quick and strong, yet his self-possession was admirable, and it was never known to fail under the thousand provocations inevitable in the routine of medical practice. A striking example of his equanimity under such annoyances, occurred during the severely cold weather of 18—. On this occasion he was summoned to a case of compound fracture of the thigh, at Marshall Glass-works, distant fully twenty-five miles from Haddonfield. Before he had completed the necessary dressings and placed the patient in a comfortable situation, a most violent snow storm had commenced, and through the whirling drift, he was compelled to return by night. At daylight the next morning a messenger arrived in haste, informing him that mortification had taken place;

the limb had become black, and he must return to the Glass-works as speedily as possible. The snow was now two feet deep upon a level, between the drifts; but the Doctor, thinking that, possibly, the dressings might have interrupted the circulation in the limb, did not hesitate a moment, and the entire day was occupied in laboriously floundering, with his horse, along the unbroken road, to the cottage of his patient. Upon examining the limb, all things were found in perfect order; and on his inquiring for the individual who had made the supposed discovery that the limb was mortified, a messenger went forth to call him. Presently the author of this sage diagnosis presented himself, in the shape of a stout wood-chopper, from the forest, with his axe under his arm.

"My dear Sir," said the Doctor, approaching and gently tapping the man upon the shoulder, "you had better, for the future, confine yourself to the axe, and let surgery alone. You see what a long and painful journey you have occasioned me to make—and for no cause whatever!"

The man stood confounded more by the kindness of the Doctor's manner than even by the grossness of his own mistake. The physician, unirritated by the ignorance that cost him so much labor and even impugned his professional skill, conversed a while with his usual calmness, pleasantry, and affability, and, after a night of rest, set out for home, as cheerfully as if nothing had occurred to ruffle or annoy him.

It may be reasonably supposed that one so generous and noble in the performance of all his duties, both professional and civil, must have escaped all injury from the operation of the darker passions of humanity; and truly, no man ever enjoyed more warmly the attachment of his friends, who, when they were once acquired, were friends for life; but alas; no man, however serviceable and free from blame, can live for many years in contact with society, without sometimes suffering wrongs, and acquiring enmities.

While in attendance on the wife of a Mr. A., the life of Dr. Hendry was several times endangered by the attacks of a furious dog, belonging to the husband. The Doctor had requested him to chain the animal; but, on his next visit, the vicious beast came very near injuring him severely; and was prevented from so doing solely by the accidental interference of a hired man.

The Doctor, seated in the house, which he had reached with difficulty, sent for Mr. A., and thus addressed him: "Sir; I find you have more regard for the comfort of your dog than for my life; have the goodness, therefore, to select another medical adviser, as I am not willing to jeopardize my life daily, and shall discontinue my visits." He then calmly arose, bid the gentleman good morning, and departed.

Mr. A. considered this proceeding as a grievous insult; it terminated all intercourse between the parties; and, judging from the countenance of the offended gentleman on many occasions, the recollection of this outrage still influences his feelings toward the second generation.

Another instance of offence, leading to injury of proportionally still deeper hue, furnishes us with an opportunity of vindicating human nature in describing the consequences of the crime: and gladly shall we turn from the narrative of that which is degrading in our nature, to the contemplation of a picture of affection and gratitude, so much more in accordance with the character of the deceased, who, on this occasion, was the subject, not the actor, in the display of those lofty excellencies.

After the marriage and departure of his faithful servant John, whose merits have already been commemorated, Dr. Hendry employed another colored man to take charge of his horses and perform certain other duties in the family. This man became offended with the Doctor, and was subsequently discharged from his position. In revenge for the supposed injury thus inflicted, the negro set fire to the establishment; and the out-buildings, the barn, two valuable horses, a quantity of grain and hay, with many other articles were given to the flames. This deed of villany was executed at about nine o'clock in the evening; and so well laid were the plans of the incendiary, that the most prompt and active exertions of the villagers and farmers from the neighborhood failed to arrest the progress of destruction. All that could be accomplished was, the saving of the dwelling-house and neighboring buildings.

So highly were the people incensed at this dastardly act, that, had the negro been found at the time, he probably would have shared the fate of the unfortunate animals who were the victims

of his revenge. Immediately after the fire, a meeting of the Doctor's friends was called, at which it was resolved that the property lost by the conflagration should be restored by public effort. A subscription was circulated, by which means the necessary funds were promptly raised, and a committee was appointed to superintend the re-erection of the barn and other buildings. This self-imposed task was immediately commenced. Persons of all classes of society vied with each other in the work of reparation; and, in a few weeks, the labor of affection was complete; a new barn arose, phœnix-like, from the ashes; the new out-houses were finished and ready for use; hay and grain filled the appropriate receptacles; two capital horses occupied the stalls; and Mr. Joseph Burrough, a member of the committee, was deputed to visit the Doctor, and inform him of the fact.

The interview was touching in the extreme. Mr. Burrough stated that the task of the people was completed, and that they hoped he would accept the offering as a testimony of the esteem of his neighbors and friends. The Doctor clasped his hands and attempted a reply. "My dear Sir," said he, "words cannot express my feelings! I thank you all—you will understand me!" He could say no more, but retired to an inner apartment, to give vent to the emotions which overpowered his utterance.

* * * * *

Dr. Bowman Hendry died of epilepsy, on the 23d of April, 1838. His remains were interred in the family burial place, in the ground attached to the ancient Episcopal Church, of Colestown, Camden county, New Jersey; and the place where rest the mortal remains of this invaluable public servant, this model of practical Christianity, and pattern of God's noblest work, is designated by a marble slab, with this unostentatious superscription:

SACRED

TO

THE MEMORY

OF

BOWMAN HENDRY, M.D.

AGED

62.

ORIGINAL COMMUNICATIONS.

CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED.

By S. C. Thornton, M. D.

During a practice of twenty-eight years, I have had the misfortune to lose all my cases of traumatic tetanus, and was almost ready to conclude that a genuine case of this terrific disease was never cured, and that those physicians who asserted that the malady was within the control of remedial agents, must have been mistaken in the character of the disease. The following brief history of a case, will, however, disprove my former conclusions, and will aid in establishing the fact that tetanus may sometimes be cured; while it may afford additional testimony in favor of the use of the vapour of sulphuric ether, in those diseases where the nervous symptoms preponderate.

Case.—On the morning of the 12th of July last, I was called to see J. T., a stout, robust Irishman, of sanguine temperament, and in the 24th year of his age; the tetanic symptoms were the result of an injury on his foot, occasioned by wearing a tight boot; they were very well developed, and the whole system participated in the peculiar spasmodic symptoms which characterize the disease. I immediately took from his arm twenty ounces of blood, and directed hyd: chlorid: mitis: grs. x, every two hours, and morph: sulph: gr. ¼, every three hours, to be continued till my next visit. In the evening I saw him again, and directed the spine rubbed with pure potash, and to be covered with a blister extending from the nape of the neck to the os-coccyx, and to continue the calomel and morphia. The agonies of the patient were now extreme, severe spasms occurring every twelve or fifteen minutes. To allay these, chloroform and sulphuric ether were administered, and directed to be given alternately every hour during the night, in limited quantities, if circumstances should require it. The

moment the patient came under the influence of the ether, he cried out "I am easy now." The paroxysms were not only moderated, but the intervals between them were much longer, so that the poor patient already experienced some relief. Nearly an hour would sometimes elapse between the paroxysms. He was ill for two weeks, during which time he would occasionally suffer from his tetanic symptoms, but good nursing and a steady perseverance in the remedies finally relieved him. The calomel was continued for the first four days; after that, reliance was principally placed upon the sudorific effects of the morphia and the anesthetic agents which have been named. He took four hundred and ten grains of calomel, (by which he was freely purged and salivated,) twenty five grains of morphia, consumed twenty-eight ounces of sulphuric ether, and eight ounces of chloroform, and I really think it was not wasted, for he was well nursed; so you may see an Irishman is not to be poisoned by ether or chloroform, calomel, morphia, or pure vegetable caustic—for he is now well.

REMARKS ON THE TREATMENT OF PSEUDO-MEMBRANOUS LARYNGITIS.

By the Editor.

Among the diseases of childhood, there is probably none which has excited more attention and solicitude, than that usually known as membranous croup. Having in the early part of my practice met with several cases which terminated fatally, and an opportunity being thus afforded of making repeated post-mortem examinations, the result of these observations, and of the practice subsequently adopted, are freely communicated. The disease was considered one of high inflammatory action, and treated as such; hence, local and general depletion were resorted to, to relieve the inflammation, and emetic and mercurial remedies freely employed to meet their separate indications. By some it is now considered judicious practice, to bleed copiously from the arm, even where very young children are our patients; to commence imme-

diately afterwards with antimonials, blisters, and local depletion. It is acknowledged, however, that the disease is proverbially fatal; it has not yielded to the ordinary treatment; the heroic system of bleeding, purging, vomiting, blistering, &c., has not proved equal to the insidious enemy against which it has been arrayed, and though men who stand at the summit of professional eminence may lose their patients without loss of reputation, younger members of the profession cannot so well withstand, in their early career, the proscriptive course pursued by the enemies of our profession, or the suspicions of parents or friends, that all the means of our art were not faithfully applied; and yet the practitioner in review of his course, may console himself with the reflection that every thing was done; the lancet was brought into requisition to subdue the inflammation, emetics were employed to throw off the false membrane, counter irritants were applied, to invite the diseased action to the surface, the warm bath was resorted to for the purpose of relaxing the system, tartar emetic was given freely to moderate the circulation; and all the collateral remedies within the sphere of our knowledge, were brought to bear in the treatment. If these have all proved unsuccessful in the best hands, and in a majority of cases, we are justified in resorting to remedies more mild and palliative in their tendency, as the result cannot be worse.

The post-mortem appearances of two cases which came under treatment about the same time, and died within a few days of each other, will be briefly presented. The first was a child about four years of age, in which the peculiar respiration, loss of voice, and other symptoms were well developed; there could be no mistaking its character—free depletion was at once resorted to, and the child put upon the use of calomel and tartar emetic, in divided doses, repeated at intervals of an hour, the warm bath was freely employed, oil of turpentine rubbed upon the throat, with alliaceous poultices to the extremities. Free emesis was induced whenever the dyspnœa became alarming, but the disease went steadily on, the symptoms abating but for a short time, and a dreadful death terminated the sufferings of my little patient, in less than a week. At the same time I was visiting a child about 18 months old, with my friend, the late Dr. Isaac S. Haines. The same

course of treatment was pursued, the symptoms being similar, leeches were twice applied to the throat, and counter irritation established upon the chest. It died also—extreme restlessness and anguish preceded the hour of dissolution, the countenance becoming livid, and expressive of intense suffering. In the first case, an examination after death revealed the following appearances—slight redness of the fauces, with a false membrane lining the whole track of the respiratory passage from the glottis to the bronchi; it was a perfect tube adherent in some places, but loose in others, the whole of the larynx and trachea were removed, with a portion of the bronchial bifurcation, and the specimen preserved. It is now in the collection of Prof. Pancoast, of the Jefferson College, Philadelphia. The membrane was tough and leathery, not at all vascular—there was slight engorgment of the laryngeal vessels, and a partial congestion of the lungs. In less than sixty hours afterwards the remains of the second child were subjected to our inspection, and what was our surprise on finding not the slightest membraniform exudation in the whole course of the respiratory tube—the lungs gave us their usual crepitant sound; the larynx and trachea were unobstructed, while a slight secretion of mucus covered the boundaries of the glottis; but there was nothing in this secretion that gave evidence of its being any thing more than the natural fluid which is furnished by the follicular glands of the part, for the purpose of lubricating the chordæ-vocales. In fact, there was no evidence of violent disease, and yet the patient died in the same manner, and went through the same symptoms as in the first case. The idea immediately suggested itself that there must have been a violent spasm of the glottis, or of some portion of the trachea, in order to create a train of symptoms so alarming and fatal. Since that period, five cases of the disease have come under my care; one had been treated by an irregular practitioner for several days, according to the sweating system, and died shortly after I saw it. The other four recovered—they were not bled, generally or locally—the treatment was alterative and palliative. In two instances the false membrane was discharged in separate pieces, retaining its tubular form, but soft and easily broken. In the other two there was no appearance of membrane in the matter vomited or evacuated by stool. The treatment employed was as follows:

Directions were given that the patient should be kept in a room of moderate and equable temperature, and small doses of calomel (regulated according to the age of the child) given at intervals of an hour apart, until the bowels were freely moved. After free catharsis, small portions of Dover's Powder or Ipecac. were added to the mercurial, with a view of producing the diaphoretic and anodyne action of the one, and at the same time of promoting the alterative effect of the other. While these remedies were being sedulously administered; the direct application to the diseased surface, of a solution of nitrate of silver in the proportion of a scruple to the ounce, was made every two or three hours, by means of a probang. Even if the attendant does not succeed in penetrating the larynx with this instrument, the action of the remedy is conducted by sympathy along the mucus membrane which lines the larynx and trachea, and in this way proves serviceable. Where there was much nervous disturbance, assafœtida injections were administered with decided advantage. We have seen a child restless with suffering, speedily quieted by this remedy. When the membrane becomes detached from the walls of the trachea, which may be known by the rattling sound produced in respiration, a simple emetic of Ipecac: or sulphate of copper, was administered to throw it off.

This mode of treatment was adopted from a supposition that the true pathology of the disease is different from that generally received as correct. The depletory plan would certainly be more successful if the disease was one of a purely inflammatory character; but as the treatment indicated by the presence of inflammation is unsatisfactory, it is fair to conclude, that this view of its pathology is not correct. The membrane appears to be an exudation from the blood, differing in some respects from an ordinary lymphatic deposit, and not to be arrested in its formation by abstraction of blood alone. If the treatment detailed, proves to be successful after a more extended trial, it will be also fair to conclude that the specific action of mercury is necessary to arrest the tendency in the blood to the formation of the adventitious substance which so peculiarly belongs to this disease. I am free to admit that the cases cited above, were presented under the most favorable circumstances; they were seen in the early stage of the disease, and every direction was carefully carried out

by the attendants. Constant watching and faithful nursing, contributed greatly to the success of the remedies employed, and yet they were cases in which the symptoms of membranous croup were fully and decidedly marked, and in which they increased in severity, until the system yielded to the mercurial impression. While calomel and nitrate of silver may be justly extolled as the most potent remedies in this disease, those medicines which rank under the class of nervous stimulants, usually called anti-spasmodics, deserve a conspicuous place in the catalogue of remedies, and we would urge upon the profession the importance of considering their claims to notice, in the treatment of this fearful malady.

REPORT OF A CASE OF PUERPERAL PERITONITIS AND HYSTERITIS, SUCCEEDED BY PHLEGMASIÆ DOLENS.

By D. B. Trimble, M. D.

Mrs. A. aged about 28 years, of a leuco-phlegmatic habit, was delivered of twins, after a tedious labor, on the 15th of July. I had been called to see her three times within the preceding month: the first time, on account of severe cephalalgia, of an intermittent character, accompanied with some uneasiness in the loins. Her pulse being pretty full, I took about twelve ounces of blood from the arm, and in about an hour after, the pains in the head ceased, and became regular in the back. After remaining a considerable time, and finding the os-uteri undilated, I administered an opiate, and left her. The pains in the loins gradually abated, and next morning she appeared entirely relieved. Twice after this, at intervals of a week or ten days, she sent for me, when the uterine contractions were so strong and regular as to induce me to think that labor had commenced, the os-uteri being slightly dilated. On the 15th of July she was delivered of two boys, and though the labor was tedious, there was no difficulty in removing the secundines, and she appeared to be doing well up to the 20th, when she was taken with severe pain in the uterine and abdominal re-

gion, and when I saw her, (about 12 o'clock, M.) I found her suffering severe pain, particularly in moving, or on pressure in the abdomen, which was considerably tumified. The lochia was entirely suppressed, and the secretion of milk diminished; retention of urine, and the pulse fuller and more accelerated than usual. I bled her freely, administered a full dose of ol: ricini, and had warm stimulating fomentations applied to the abdomen. At 6 o'clock, P. M. I called again; the swelling of the abdomen had greatly increased, together with the tenderness; there was considerable dyspnœa; the pulse was soft and small, but frequent. She was reclining with her shoulders elevated, her knees drawn towards the body, so as to relieve the tension of the abdominal muscles; she was larger than before her delivery; and her countenance was expressive of great anxiety and suffering. The castor oil had had a moderate effect, and I then prescribed the following

R.—Pro: Chl: Hydrarg: gr. xii.
Pulv: Opii, gr. iv. } Div. in Pulv. No. iv—one to be taken every two hours. I also directed 40 leeches to be applied to the abdomen below the umbilicus. 21st, Found her rather more comfortable, though still oppressed in her respiration; abdominal tumefaction slightly abated, though the tenderness continued unmitigated. Pulse moderately tense, and frequent; continued the calomel and opium; applied a large epispastic over the abdomen. 6 o'clock, P. M. Free alvine evacuations of dark bilious fœces, affording some relief to the pain. Considerable moisture on the skin; swelling somewhat decreased, pain less acute, dyspnœa partially alleviated. Directed ol: ricini 1oz. ol: terebinth 1dr. to be given at a draught. 22d, Symptoms improving, but the pulse being full, more tense and frequent, I ventured upon abstracting more blood, and took about ten ounces from the arm. Prescribed calomel and opium in the proportion of 1 gr. of each, every three hours. Had thin emollient poultices applied over the whole abdomen, which appeared to give considerable temporary relief. About an hour after this bleeding she became very much prostrated, and I was compelled to give her stimulants, viz: wine whey and aq. ammonia. She rallied in the course of 5 or 6 hours and was much relieved. 23d, 8 o'clock, A. M. much better; less abdominal tenderness; less difficulty of breathing; pulse softer

and slower. Directed the castor oil and spts. turpentine to be repeated, which procured copious tar-like discharges. With the occasional administration of a grain of opium, a gentle purgative; light diet and cooling drinks, she was becoming rapidly convalescent, when she imprudently left her bed, and was suddenly taken with severe pain in the right groin, followed by rapid enlargement of the thigh and leg of the same side, accompanied with great suffering. There was no discoloration of the limb, and it presented a glossy appearance. By giving her supertart: potass:, pulv: doveri, the application of a blister to the thigh, and the persevering use of the camphorated oil, the swelling gradually abated, and she eventually under the use of an unirritating, nourishing diet, and for a short time, mild tonics, recovered her usual health, with the exception of the enlargement of some of the superficial veins of the leg, which continues somewhat swollen.

From the foregoing description of this case, I think it will appear evident that there was considerable uterine irritability, and a tendency towards inflammation, prior to delivery; and that the swelled leg was the consequence of the inflammation. The condition of her pulse rendered me cautious in the abstraction of blood, and somewhat doubtful whether it would not terminate as puerperal fever; and I was alarmed at the prostration produced by the second bleeding, though gratified afterwards by the great relief it afforded. This is the fifth case of combined peritonitis and hysteritis that I have had in my practice, and the same general course, viz: blood-letting, blistering, calomel and opium, has been successful with them all.

Oct. 2, 1848.

A CASE OF PROTRACTED AND DIFFICULT LABOR, FOLLOWED BY LESIONS OF THE BLADDER AND VAGINA.

By J. S. Smith, M. D.

Towards the close of the winter of 1847, I was called to attend M. C., a very small, but muscular Irish woman, aged 28; in labor with her first child. I found her with the os-uteri nearly dilated, the head firmly engaged in the superior strait, and tolerably ac-

tive pains. This was in the morning; and it was not until the afternoon of the third day that she was delivered. The cause of this was evidently the disproportionate size of the pulvic straits, with the child's head. Three several attempts were made to deliver with the forceps: and though I succeeded in passing one of the blades with difficulty, to near its proper position; yet I found it impossible to enter the other without using an unwarrantable degree of force. Most of the time the head lay in the cavity of the pelvis, favorably presenting at the inferior strait, yet firmly wedged and immoveable; the pains gradually decreasing, and becoming insensible to the usual stimuli. In this condition of affairs, the prospects for my patient seemed any thing but encouraging, and as I felt pretty well satisfied the child was no longer living, I resorted to cephalotomy. My only implements at hand for operating, were, a gum lancet, and a small pair of pincers furnished by the house. It was a three hour's operation; and in fact I never worked harder in my life; the cranium having to be taken away in fragments, before the head was sufficiently reduced to allow it to pass. It took me a good half hour afterwards, to bring the body away. The child was of the ordinary size, and well proportioned.

The uterine contractions having nearly ceased, and the cord having been accidently ruptured, the placenta was brought away by entering the uterus. My hand, though a small one, was tightly compressed in its passage through the pelvic straits, though I could discover no deformity.

My patient bore her sufferings with much fortitude, and under the circumstances seemed to be doing well; but towards the close of the second day, some fever symptomatic in character, set in, and the vaginal discharges became slightly fœtid. Attributing this to a portion of the membranes which had not come away, and not apprehending any thing, as she did not complain much, and being otherwise much engaged, I did not see her for three or four days. By this time however, the soreness of the vagina, and fœtid discharges, now to a considerable extent purulent, had much increased. In addition to this, a stillicidium of urine had commenced; which inflaming the vulva and neighboring parts, rendered her condition very uncomfortable. The constitutional symptoms

however, still continued mild. Anxious to ascertain what the real condition of affairs was, I desired an examination, but as the slightest touch gave her agony, I had to desist. From this time she slowly recovered; the soreness and purulent discharge gradually decreasing, and the fever subsiding, but the urine continuing to flow as before.

In about a month I made an examination; immediately beyond the entrance, my finger came in contact with an irregular, roughened cicatrix, which closed all further passage into the vagina; appearing in fact to be a general coalescing of its walls. Passing upwards, and behind the symphisis, instead of the usual rugæ, was a passage leading through an orifice, with a well defined sharp edge, of circular form, about the size of the finger tip, and terminating in a cavity. To satisfy myself fully, a probe was passed up the urethra, and at the distance of an inch, came in naked contact with the finger. This then was the condition, a perforate bladder, and a closure of the vagina. In due time my patient was about, as lively, active, and apparently as well as ever; only inconvenienced by the constant urinary discharge. Sometime after, I consulted Professor Hodge, of Philadelphia, on her case, but got little encouragement. In the following autumn, three menstruating efforts seemed to be made at the regular periods, but without the usual discharge. At the fourth effort, it came on, and has continued regularly since. At my desire, she consented to another examination; and on the right side of the vagina, was discovered a small passage, about the size of a quill, leading backwards, and which must have been connected with the orifice of the uterus. All else seemed firm and unyielding, and in the same condition as before. Whether this passage existed entire at first, I cannot say, but think not.

My remarks shall be limited. The question presents itself, whether the lesions produced were caused by the ill directed use of the forceps, or the too long continued pressure of the child's head, impeding the circulation, and destroying the vitality of the contiguous soft parts. In answer, I state, that I have repeatedly used those instruments, and always with a happy result; and in their application, I have ever considered that caution is the better policy. Besides, it was only in the posterior part of the pelvis

that an entrance could be made, the lateral and anterior parts so firmly embraced the head, as to prevent any. The latter can then be the only cause of the injury to the bladder, since no instrument came near it, and the stillicidium of urine did not begin for several days: and as respects the vagina, having stated the facts, the reader must draw his own conclusions.

I have but little confidence of her being much benefited by any treatment, and have advised her accordingly; as her general health is good, and time has somewhat reconciled her to the inconvenience she labors under. In conclusion, I will merely mention, that, though this has been an interesting and instructive case to me, I should be sorry ever to have a similar one.

Rancocas, 1848.

BIBLIOGRAPHICAL NOTICES.

Summary of the Transactions of the College of Physicians of Philadelphia, from April 4, to August 1, 1848, inclusive.

It is to be regretted that the valuable papers contained in the various numbers of the periodical before us, are limited in their circulation, mainly to the members of the College, and those who receive them by exchange. It is for this reason, that we are induced to make copious extracts from its pages. The present number is mainly occupied with an elaborate report by Dr. Condie, on the diseases of Children.

A detailed history is given in this report, of an epidemic which prevailed in some districts of Tennessee and Mississippi, the symptoms of which prove it to be identical with the epidemics of cerebro-spinal-meningitis, that have prevailed in different portions of Europe. "It was principally confined to children between the age of six and fifteen years. The attack was ushered in by a sensation of chilliness, followed by moderate heat of the surface, and pain, commencing between the shoulders and extending to the occipital region, with rigidity of the posterior cervical muscles, retracting the head considerably backwards. Delirium supervened in an hour or two, with contraction of the pupils of the eye, or sometimes dilatation of one pupil and contraction of the other; ptosis of the eyelids; ecchymosis under the eyes and on the surface of the body; rigidity of the abdominal muscles; spasmodic twitchings of the flexors of the extremities, and a disposition to a constant motion of the legs from side to side, alternately. There was difficulty in expanding the lungs, respiration chiefly through the nostrils, constipation, and sometimes retention of urine. Stertorous breathing coming on, death soon closes the scene. The disease runs its course in from fifteen to seventy-two hours."

A variety of treatment was employed—bleeding, emetics, cathartics, mercurials, blisters, opium, quinine, and stimulants; but three-fourths of the cases terminated fatally in Tennessee, and five-

sixths of those who were attacked in Mississippi, died. In general, death occurred in from six to twenty-four hours after the attack. The post-mortem appearances of a single case are thus described by Dr. White of Tennessee: "The body was not emaciated, a half an inch of fat covered the abdominal muscles. The posterior integuments of the head were swollen; both pupils dilated; on removing the calvarium, a considerable amount of blood flowed from the sinuses of the dura mater. The arachnoid membrane adhered with moderate firmness to the surface of the convolutions; whilst removing the brain from two to three ounces of clear transparent serum escaped from the ventricles. The brain appeared heavier than usual. The surface of the convolutions was much flattened. The base of the brain bore evident marks of inflammation. The membranes covering the medulla oblongata and the cerebellum, the right lobe more especially, were thickened and opaque, adhering, likewise pretty firmly to the fissures of Sylvius. The membranes at the base were unusually vascular, but the substance of the brain itself was not much altered in color or in consistence. The membranes, more particularly around the third nerve of the right side, were thickened and more vascular than natural. On examining the superior surface of the brain, and separating the two hemispheres, they gave way inferiorly, from a softness of the lower part of the middle lobe of both hemispheres, and of a considerable portion of the corpus callosum. The corpora striata were very slightly injected, and softened particularly that of the right side. The lining membrane of the ventricles was not altered in color.

"On dividing the vertebræ, a considerable quantity of fluid blood gushed out, the moment the interior of the canal was reached. It appeared to be perfectly flooded and engorged. The membranes were evidently thickened and highly vascular. The spinal marrow was not altered in appearance, but, if any thing, somewhat softer than natural. The substance of the marrow itself was not injected. The viscera of the thorax presented no appearance of disease.

"The liver was perfectly engorged with blood,—an incision being made through its structure, the blood could be squeezed from it as from a sponge. Its weight was 5½ pounds. The gall bladder

was distended with a quantity of thick, black, bilious matter. The spleen was large, but contained little blood in comparison with the liver.

"The kidneys were congested but otherwise healthy. The intestines contained a quantity of thin greenish matter. There were a few spots of ecchymoses in the lower two-fifths of the ileum. The small intestines contained a few large worms. The alimentary canal was otherwise healthy. The urinary bladder bore no mark of disease."

Notices are made of a paper in the *Gazette des Hôpitaux*, by M. Guersant, jr., on the treatment of croup; of Professor Trousseau's observations on the anatomy of Pneumonia, as it occurs in infants; of a paper by Mr. Crisp, read before the South London Medical Society, on the treatment of pleurisy in infants, in which he presented the results of forty-one post-mortem examinations in children under two years of age; extracts from a report on whooping-cough, by Dr. Bird, in which the use of alum is recommended as a tonic and anti-spasmodic; with several other valuable notices of essays from distinguished members of the profession at home and abroad, rendering the report one of unusual variety and interest.

At one of the meetings of the College, an interesting discussion arose, on the subject of pseudo-membranous laryngitis, by the relation of a case of that fearful disease, by Dr. C. D. Meigs, in which the operation of tracheotomy was performed at an advanced stage of the malady—as follows:

"A child four years of age becoming affected with difficult and noisy respiration, was placed under the care of a homœpathic practitioner; the parents having lost already a child from croup, recognized in this, the same symptoms as were observed in the former case, and suggested to the medical attendant that the child was laboring under that disease, but this he declared was not the case, but rather thought that the attack would turn out to be one of measles. The child, however, grew worse and worse—no eruption appeared upon the skin, and at the end of two weeks, the respiration having become increased in difficulty and attended with a distinct croupy sound, while the voice of the child was nearly extinct, the parents became alarmed and sent for Dr. Meigs. His son, Dr. J. F. Meigs, immediately saw the patient, and found it an in advanced stage of genuine membranous croup, attended with symptoms of the most violent character; an extensive deposition

of membranous matter appeared to have taken place, and the case was looked upon as almost hopeless—with the view, however, of affording, if possible, some relief to the extreme difficulty of breathing, the Doctor directed the application of five or six leeches to the throat on each side of the trachea. Dr. C. D. Meigs now saw the child, and considered it to be in the most imminent danger. The croupal symptoms were intense. Upon auscultation, not the slightest respiratory murmur could be detected in any part of the chest, giving the idea of an individual laboring under complete hepatization of both lungs. The air passed into the lungs with the greatest difficulty, the respiratory effort being prolonged to an extent beyond what the Doctor recollects to have ever before witnessed. The child was extremely restless, its head was thrown back upon the spine, and every moment strangulation seemed imminent. A half ounce of powdered alum was directed, and one drachm of it given to the child at intervals of twenty minutes, until emesis was produced, which did not occur until after the fourth dose. This was rather an uncommon occurrence, vomiting being generally produced by a single dose of the alum; it evidently indicated a torpid state of the nervous mass, the result of the great change produced in the blood, in consequence of the imperfect performance of the respiratory function. No nausea or prostration followed the action of the emetic.

Early the next morning found the child laboring under the most distressing difficulty of respiration; the surface, and particularly, the face, lips, and tongue, were of a blue color, and nearly all the symptoms of a state of asphyxia were present. Dr. M. considered that death was inevitable, but still, the operation of tracheotomy, though a forlorn hope, presented itself as the only possible means of relief. This was stated to the parents, who consented that it should be tried; accordingly, at 11 o'clock the operation was performed by Dr. Pancoast. After laying bare the trachea, he divided the second, third and fourth cartilagenous rings; immediately upon opening the trachea, a discharge took place of mucus, mixed with blood and portions of plastic lymph. In forty seconds, the child breathed with great freedom. Instead of inserting a tube in the usual manner, through the opening into the trachea, Dr. Pancoast secured the open state of this, by cutting from the trachea, an elliptical portion of cartilage, thus leaving an oval opening into the tube somewhat larger than that of the two nostrils; while the edges of the incision through the soft parts, were kept asunder by a leaden wire, which passing around the neck, had the hooked ends of its two free extremities inserted on each side of the wound. The next day the child was up and running about. In a few days, the edges of the incision in the neck were brought together, the wound rapidly healed, and the child, within a surprisingly short period, recovered perfectly, without a single disagreeable symptom occurring.

Dr. Parrish related the history of a case of membranous croup of a severe character, and attended with all the symptoms of approaching death, which recently recovered under his care, without an operation for tracheotomy.

The patient was a child of eighteen months old, which was attacked with what was supposed to be an ordinary catarrh, attended with a harsh dry cough. Simple domestic remedies had been administered for several days without effect, before the Doctor was sent for.

When the patient was seen by him, the cough was "croupy," and the breathing obstructed to an alarming extent. On looking into the fauces, the whole back part of the throat was found lined with a thick, tenacious secretion. An emetic of 2 grs. of turpeth mineral was immediately administered, which operated promptly but without relief. Calomel, grs. v, was administered, to be followed by castor oil in a few hours. After the operation of the purgative, there was still no decided relief; the turpeth mineral emetic was continued regularly every four hours, and the calomel in small doses every two hours, for several days; but the disease steadily progressed; no discharge of membrane having been induced; the breathing became more distressing, and finally, the child was unable to cry; the cough was dry and less developed, and the bronchial tubes appeared to be rapidly filling up. At this stage of the complaint, injections of assafœtida and laudanum were given every four hours, solely with the view of assuaging the sufferings of the child, and all other medicines were suspended. The full effect of the opium was induced, and the jactitation and restlessness diminished, though the breathing continued as bad as ever. The child lay upon the pillow with the head thrown back, and was several times supposed to be dying, from the violence of the paroxysms of dyspnœa. The Doctor left late in the evening, with directions to continue the anodyne, expecting to find his patient dead in the morning. On the morning visit, he was surprised to find, that the paroxysms of extreme difficulty of breathing, had been less frequent, and that the child had slept with comparative comfort, though the respiration was still exceedingly laborious. It was found that a discharge of thick yellow mucus had begun to issue from the nostrils during the night, and on examining the thaoat, it was evident that the membrane lining the fauces was loosening. The bowels had also been freely moved with copious yellow dejections.

This state of things afforded encouragement to resume the use of turpeth mineral, which acted promptly, bringing away large quantities of thick, yellow mucus, to the great relief of the infant, who, from this time, went on improving, and recovered rapidly.

Dr. P. had no expectation of accomplishing any permanent good bythe use of the anodyne in this case, believing that the mechanical obstruction of the trachea and bronchial tubes must inevitably destroy life. It becomes a question, however, how far the dyspnœa in cases of membranous croup, may be the result of nervous

spasm, as well as of a mechanical impediment to the passage of air into the lungs. It is evident, that the dyspnœa is, to a certain extent, paroxysmal, and it is also true, that in many cases where death has occurred, the accumulation of membranous deposit in the air passages, as discovered on a post-mortem examination, has not been sufficient to produce strangulation from mere mechanical obstruction. By keeping, therefore, the system under the influence of anti-spasmodics and anodynes, in addition to remedies calculated to arrest the inflammation, may we not gain time, and enable the latter to have their full effect in arresting the disease, and in producing softening of the membranous deposit?

The Doctor believed that in the management of this intractable malady, we have neglected too much the use of this class of remedies. He would also take this occasion to express his satisfaction with the action of turpeth mineral as an emetic in croup. He had used it on several occasions, since it had been so warmly recommended to the College in the communication of Dr. Hubbard, of Maine, and had been highly pleased with it. It acts promptly and powerfully, without leaving behind it the depressing effects of the antimonials.

The emetic may be repeated at short intervals, and continued, as in this case, for many hours, without the risk of alarming de-

[redacted]ackson, so far from considering such articles as would pro-
[redacted]esis, without causing any direct depression of the vascu-
[redacted]on, as those best suited to the treatment of a violent case of croup—would say, that in the first stage of the disease, a depressing effect was to be desired; venesection, even to the extent of inducing fainting, and the free use of tartar emetic, are, in his opinion, at the onset of the disease, our most important remedies. Gentlemen might speculate as much as they pleased about the specific character of the affection of the larynx and trachea, in this disease; he was fully convinced that it was inflammatory, and that the inflammation often extended throughout the whole extent of the trachea, and even into the bronchi; that to reduce promptly the inflammation of these parts, was the best mode of preventing the formation of the pseudo-membranous exudation, and of saving the life of the patient. This conviction was not the result of theory, but of much personal experience. In the second stage of the disease, he was willing to admit, that the turpeth mineral, and similar remedies, which have the effect of producing a discharge of mucus, and probably of facilitating the detachment and expulsion of the pseudo-membranous exudation, without causing any very decided depression, were the remedies demanded, and would often, even under very unfavorable circumstances, produce a marked amelioration of all the more distressing symptoms.

Dr. Page would inquire of those conversant with the morbid pathology of croup, what was usually the extent of the pseudo-membranous exudation; what was its consistence and thickness.

He had presumed from the statements of authors, that the exudation in croup, was a thick, firm, membraniform substance, forming, as it were, a cast of the trachea, and yet, in the only case in which he had an opportunity of examining with care, the condition of the larynx and trachea after death, it occurred only in very thin detached patches, between which there occurred a thick, tenacious, muco-purulent substance, easily scraped off, and having nothing of a membranous appearance. So small was the membrane in extent, he was unable to account for the extreme difficulty of respiration, on the supposition that it was dependent upon the presence of the exudation in the larynx and trachea.

Dr. Condie believed that the description given by Dr. Page, of the appearances detected after death, in the case alluded to by him, would apply to the generality of cases of croup, in which death takes place at an early period of the disease; when death occurs in the second stage, the whole of the mucous surface of the larynx and trachea is often completely covered with a pseudo-membranous exudation, sometimes of considerable firmness. We have numerous accounts of this membraniform exudation being discharged by vomiting—extracted through an opening made into the trachea, during life, or removed from the latter after death, in the form of a tube presenting the shape of the trachea and bronchial divisions; cases of this kind the Doctor believed, however, to be rare. He did not suppose that the paroxysms of i[illegible] dyspnœa were produced by the presence alone of the p[illegible] membranous exudation, they were evidently dependent upo[illegible] spasmodic affection of the glottis.

In regard to treatment, Dr. Condie would place his chief reliance, in cases of genuine croup, upon direct depletion, emetics, and calomel. Although he is convinced that in a very large number of cases, the disease popularly denominated croup in this city, is not pseudo-membranous laryngitis, but either simple acute laryngitis, or sub-acute laryngitis with spasms of the glottis; and it is upon the result of the treatment in this latter affection, that the opinion of very many of our physicians has been formed, in regard to the remedies best adapted for the arrest of genuine croup:—still, his experience has taught him, that in pseudo-membranous croup, as it occurs in this city, blood-letting in the early period of the attack, is an all-important remedy, and that when properly timed, carried to a sufficient extent, and followed by full doses of tartar emetic and calomel, and repeated immersion in the warm bath, it will not unfrequently effect the cure of the disease. The facts that have been recently adduced in favor of the application of a strong solution of nitrate of silver to the larynx, would appear to recommend this means strongly to our notice, as a most important item in the treatment of croup. That, by proper instruments, and a little dexterity, soon acquired by practice, the solution may be applied directly to the larynx, Dr. C. has fully convinced himself.

After the disease has reached its second stage, our chief hopes are to be placed upon such emetics as operate promptly, without producing much nausea or exhaustion, as the alum, the subsulphate of mercury, and sulphate of copper. It is probable that the application of the nitrate of silver may still be productive of good effects, particularly if it has not been fully tried in the first stage. Dr. C. however, confesses, that when the disease has reached its second stage, his own experience would lead him to place but little hopes upon the powers of any course of treatment to prevent a fatal termination. It is probable that tracheotomy may occasionally succeed; as in the case related this evening, and in others which have been published, it has certainly saved the life of the patient when performed at an advanced stage of the disease, and apparently under the most unfavorable circumstances. When the particular cases of croup and the period of the disease to which the operation is best adapted, shall be more positively ascertained, it will become, he believed, the means of reducing considerably, the mortality of the disease.

Dr. C. D. Meigs has seen a case of croup in which the false membrane had the form of a hollow tube of the shape and diameter of the trachea, with the bronchial ramifications. He has still in his possession the preparation. The Doctor did not consider that the whole of the difficulty of respiration, and the death from [illegible]ia were the results solely, of the membraniform deposit [illegible]e surface of the larynx and trachea, though this was often [illegible]siderable extent and thickness; there was no doubt, a still greater impediment to the function of respiration, caused by the extensive infiltration of the submucous body and cellular membrane, which he presumes will be found to be present in all severe attacks of the disease.

A Practical Treatise on Poisons, their symptoms, antidotes, and mode of treatment. By O. H. Costill, M. D. Philadelphia, Grigg, Elliot and Co. 1848.

We have received from the publishers this 18mo. volume of 160 pages, arranged in a suitable style for reference, and in all respects adapted to the convenience of the practitioner. The author's preface is a very short explanation of the motives which prompted him to prepare the work, and in the body of the book itself, are plainly stated the results of his own experience in the treatment of poisons, with a judicious compilation of the views of Christison, Beck, Taylor, and others who have written upon toxicology. The various kinds of poisons are classified in three dis-

tinct groups, to wit: irritant poisons, narcotic poisons, and narcotic irritants, and the work is concluded by essays on rabies, the bites of venomous serpents, and the following practical remarks on the treatment of asphyxia from drowning.

"1st. The body should be stripped of its wet clothing, wiped dry and carefully wrapped in warm blankets; this should be done on the spot if possible, before the body is removed. 2d. It should be taken to the nearest convenient place for resuscitation; in removing the body, care must be taken to avoid lifting the body either by its feet or by the shoulder, to prevent the head falling backwards or forwards on the breast, either of which would be injurious. It should be placed on the back, with the head and shoulders elevated on a door or board, or in a cart. 3d. When arrived at the place prepared for it, it should be placed in a bed previously warmed, the head and shoulders still elevated, and warm bricks, or bottles filled with hot water, should be applied to the feet, the knees, and in the arm-pits, and warm stimulating applications should be made to the epigastrium.

As the great object is to establish respiration, the lungs may be inflated in the following manner: a common bellows should be procured immediately, and the pipe applied to one of the nostrils: one assistant takes charge of the bellows, another should close the opposite nostril and the mouth accurately, a third assistant should press down the upper part of the trachea (in men called the pomum adamum, or Adam's apple,) with one hand, while the other should be spread lightly over the chest and stomach. The bellows should now be opened and immediately closed, the nostril should then be suffered to open, and the hand which is resting on the chest should press firmly down so as to make the lungs collapse, and expel the air as completely as possible; this operation should be repeated about fifteen times in a minute, imitating thereby the act of respiration. In cases where a bellows cannot be procured immediately, the mouth of the operator may be applied in its place. In using the bellows, care should be taken not to force more than a moderate quantity of air into the lungs, lest their structure may be injured.

These efforts should be continued from one to three hours; warmth should be assiduously kept up, and stimulating embrocations continued over the epigastrium. A weak preparation of ammonia may be applied occasionally to the nostrils, and it has been proposed to introduce a mixture containing ammonia or wine whey into the stomach, through a stomach tube.

The first symptoms of returning life are convulsive twitches of the muscles about the respiratory organs, giving rise to gasping and sighing, and by degrees those spontaneous actions become more regular, till respiration is established, and the circulation re-

turns. Even then the efforts of the operator must be continued, and the patient diligently watched, as some time must elapse before the vivifying effect of the freshly generated arterial blood can be extended over the system generally, and especially before the functions of the brain are restored.* A case is recorded where death occurred by convulsions after respiration had been established.† It is proper to state here, that a difference of opinion exists as to the propriety of artificial inflation of the lungs, in cases of asphyxia from drowning.

Mr. Taylor, in his *Med. Jurisp.*, p. 405, says, "Mr. Wooley, who has had considerable experience in these matters, denies its efficacy, and states that in cases in which he has been successful in resuscitating the drowned, he has not inflated the lungs." And in the case recorded by Dr. Douglass, *Med. Gazette*, xvii. 663, where recovery took place after the patient had been submerged fourteen minutes, inflation of the lungs was tried, but not persisted in, it not appearing to be of any use. In this case the treatment consisted in the application of warmth and constant friction, continued for eight hours and a half.

In the treatment of persons apparently dead from hanging or any other mode of strangulation, the same means are to be used and persevered in, as have been recommended for the recovery of the drowned. The posture in which the body should be laid, is the same, except that the head should be raised somewhat higher. The fulness of the vessels in this case, may be such as to require bleeding, which will be most effectual if done in the jugular vein; the quantity of blood taken must be merely enough to relieve the vessels, and not so great as to weaken the powers of life. During convalescence, if excessive re-action should occur, it may be necessary to deplete more freely.‡

In those cases of strangulation, arising from foreign bodies in the trachea, the operation of bronchotomy affords the only chance of relief to the patient.§

Asphyxia from carbonic acid, or any other of the irrespirable gasses, is to be treated upon the general principles just adverted to. The first thing to be done is to remove the body from the influence of the noxious gas, and expose it to free, pure air. The temperature of the body in these cases is generally above the natural standard, and effusion of cold water is very advantageous; it acts as a powerful stimulant in consequence of the impression made upon the skin. A moderate bleeding has been recommended. The inhalation of oxygen gas has also been used with advantage.‖"

The work is a useful manual, which deserves a place in the library of every physician.

* Cyclopedia of Practical Medicine. † Dr. Paris's Life of Sir H. Davy, 4to ed. p. 69. ‡ Cyclopedia of Practical Medicine. § Ibid. ‖ Ibid.

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, TENTH MONTH, (OCTOBER,) 1848.

OUR SECOND VOLUME.

The present number commences the second number of the Reporter. Believing that the interest and value of a medical journal depends greatly on the amount and character of the original matter which it contains, it has been our aim to give a practical value to the work, by a variety of excellent papers furnished by the Transactions of the New Jersey Medical Society, and by the labors of individual correspondents. We are thankful for the aid that has been furnished by our friends hitherto, and now, in beginning another term of service, invite their continued co-operation.

BIBLIOGRAPHICAL DEPARTMENT.

The large space in the present number, occupied by the interesting biography of Dr. Hendry, has prevented a notice in the Bibliographical Department of several pamphlets that have been received; among which are the annual announcements for the current year of the University of Pennsylvania, the Philadelphia College of Medicine, the Pennsylvania Medical College, and the Indiana Medical College, with a valedictory Address delivered to the Medical Class of the latter, by A. B. Shipman, M. D., their Professor of the Principles and Practice of Surgery. The Address contains much wholesome advice, and deserves a more extended notice than we are able to give it.

SANITARY REFORM.

One of the hopeful aspects of the present times, is the attention which is now being paid to the question of sanitary reform. In England, and on the Continent, a vast amount of talent and re-

search has been recently expended in investigating the sources of disease, especially in large and thickly populated towns; and the results, thus far have clearly proved, that thousands of premature deaths occur, dependent upon removable causes; and that under wise municipal regulations, the average duration of human life might be greatly increased.

It has been estimated by some of the prominent friends of sanitary reform in England, that there is an annual sacrifice of life in England and Wales of thirty-five thousand, and in the United Kingdom of upwards of sixty thousand—that is, taking two per cent. per annum, as the natural standard of mortality in these countries, the excess of deaths dependant upon causes supposed to be removable, amounts to the number stated.

The simple statement of this fact is enough to excite the earnest attention of every intelligent and philanthropic mind, to look into this question as it may affect other localities; and to induce prompt action in the furtherance of measures having a tendency to diminish disease and death. There is certainly no function of government so exalted as that which tends to the prolongation of life, and the prevention of disease amongst the people; and yet in this country, at least, how little has been done by legislative assemblies for this object. The question of sanitary reform has not yet been agitated; and it depends mainly upon the action of the medical profession, how long its consideration shall be delayed. We are rejoiced to find that the American Medical Association has already taken measures to bring this question before the people. At the first meeting of the Association, held in New York, in 1846, a committee was appointed to consider the expediency of urging upon the State Governments the adoption of measures for the registration of the births, marriages and deaths of their several populations. At the next meeting, in 1847, this committee urged upon the State Medical Societies, the propriety of soliciting legislatures to pass a law securing this object, and acting upon this recommendation, several States, amongst which is New Jersey, have already promptly responded to the call, thus made upon them.

This is the first step in the movement, and must form the basis for future action—a correct statistical account upon these points,

being absolutely essential to the prosecution of enquiries upon matters affecting health and life.

At the last meeting of the Association, held at Baltimore, another important move was taken upon the sanitary question, by the appointment of a committee on Public Hygiene, charged with the duty of reporting to the Association next year upon a variety of subjects closely affecting the health of the inhabitants, more especially of cities and large towns.

We have received the circular of this committee, which indicates the topics to which they propose to direct their enquiries—It is as follows:

American Medical Association, Committee on Public Hygiene, May, 1848.

At the Annual Convention of the American Medical Association held in Baltimore, in May, 1848, the following gentlemen were appointed a committee on Public Hygiene.

Drs. James Wynne, Baltimore; Charles G. Gage, Concord, N. H.; John M. Thomas, Washington, D. C.; Isaac Parrish, Philadelphia; P. C. Galliard, Charleston, S. C.; L. P. Yandell, Louisville, Ky.; J. T. Harrison, Cincinnati, Ohio; Albert Smith, Peterborough, N. H.; J. Curtis, Lowell, Mass.; Edward Barton, New Orleans; John H. Griscom, New York; E. D. Fenner, New Orleans.

It is the purpose of this committee to make a sanatory report, embracing the principal cities in the United States, and with a view of facilitating their enquiries, you will greatly oblige by furnishing the member of the committee who requests the information of you, with answers to the following questions:

1. What is the population of the town, and its position in relation to the surrounding country; what the geological formation of the country, the nature of its surface and subsoil, and the means of, or impeidments to drainage, more especially within the town limits?

2. What is the character of the town in reference to health; what is the condition of its most unhealthy and crowded parts, where disease is supposed to be most prevalent, and to what causes are such diseases mainly attributable?

3. What are the arrangements for drainage? Is there a public survey of levels; are the streets and alleys paved and laid out with a proper inclination for surface drainage, or are they defective in these particulars; is the drainage effected by sewers or surface drainage, and is the mode adopted, effective?

4. What is the mode and expense of cleansing the streets; are the courts and alleys occupied by the poor, cleaned, and how often; where is the refuse from the houses deposited, and where is the street manure kept, and how disposed of?

5. What is the condition of the more densely populated parts of the town in respect to ventilation? Are the streets wide or narrow? Are courts and alleys built up, and closed at the end, and what is the character of the houses of the poor? What number of families occupy one house; how many persons live in one room, and what provision for ventilation? How are the houses warmed in winter?

6. What is the system of public schools, and its influence on health? At what ages are children received into them? What is the size of room, the number of occupants, time allotted to instruction, means afforded for exercise in the open air, and length of summer vacation?

7. What hospitals and dispensaries? How are the public buildings ventilated, as churches, &c., and what provision for public grounds or squares?

8. From what source is the town supplied with water? What are its qualities, and is it abundant?

9. Are the municipal regulations on the above subjects effective or not?

By order of the Committee,

JAMES WYNNE, Chairman.

It will be perceived that these enquiries have reference to the sanitary condition of the large cities of the union, and if thoroughly prosecuted by the gentlemen to whom the duty is entrusted, we may anticipate a highly valuable report in regard to these important localities.

But the question of sanitary reform has a much wider scope than is here laid down. In the rural districts of our widely extended territory, there are many causes of disease not yet discovered, and many more obvious, which by proper regulations might be removed or prevented.

To investigate these, and to enlighten and stimulate the public authorities in regard to their removal, is one of the highest duties of our profession.

It seems to us, that no more appropriate or benificent duty could engage the attention of state and district medical societies, than this.

The enlightened physician will not only seek to arrest the course of disease, and ward off the stroke of death, but by searching out its causes, to prevent its attacks. For, however our profession may be charged by the ignorant and censorious, with pursuing selfish ends, its whole history will amply vindicate its claim to

the rank of a humane and liberal calling; and in nothing is this character more strikingly illustrated than in the present gigantic efforts which are making, more especially in Great Britain, to carry forward measures having for their object the prevention of disease, and the prolongation of life.

That our country will not be behind-hand in this noble work, we feel assured, from the commencement which we have already made.

ITEMS.

The New York Journal of Medicine comes to us in a new costume. Dr. Charles H. Lee has retired from its editorial charge, and his place is supplied by S. S. Purple, M. D.

University of Pennsylvania.—"It is proposed by the Faculty to open the regular session of 1848–49, upon Monday, the 16th of October, and to continue lectures as usual; the early part of October being occupied by a series of preliminary lectures, in which all the Professors will participate. Should the step in advance, by the University of Pennsylvania, be followed by other schools, it is the intention of the Faculty to extend the regular session to the period of six months, so as fully to meet in this respect, the views of the Medical Convention."—[Report of the Medical Department of the University of Pennsylvania, for the year 1848, to the Alumni of the school.]

Extension of Lecture terms.—The College of Physicians and Surgeons of New York; the Buffalo Medical College; the Medical College of South Carolina; the Medical College of Georgia; the Medical College of Louisville, and the Franklin College of Philadelphia, have all announced their intention of extending their ensuing sessions.

National Medical Association.—We have learned that the proceedings of the last meeting held in Baltimore, are nearly ready to be supplied in pamphlet form. We regret that they have been delayed too long for notice in the present number of the Reporter.

Pennsylvania Hospital.—During the lecture term of 1847–48, a larger number of students were in attendance upon the Clinical lectures at the Hospital, than upon any other occasion since the foundation of the Institution.

ECLECTIC DEPARTMENT.

Case of Pustular Ophthalmia. By H. RICHIE, M.D. of Chicago, Ill.

My daughter, aged about 13 years, was attacked about eight weeks ago, with pustular ophthalmia, which resisted all the ordinary modes of treatment, such as astringent collyria aperients, strict diet, counter-irritation in the shape of a blister behind the ears, mercury, Dr. Dudley's favorite treatment of puking and purging. The eyes being very much inflamed, the left particularly, the conjunctiva a mass of enlarged blood-vessels, the upper and lower lids swollen, and the lashes matted together At the junction of the adnata with the cornea one continued pu tule extended around the cornea, advancing about a line upon it. Purulent matter was constantly discharged from the eye. No intolerance of light. The system otherwise normal, tongue clean, no scrofulous taint. I ordered, Hyd: potasse, xxvgrs. Iodine, v grs. water 1 oz. Dose 10 to 12 drops three times a day in a spoonful of Carpenter's fluid ext: of sarsaparilla. Cerat: simplex i oz. red precip: finely powdered, iii grs. Kreosote, 4 drops.

The inside of the lids to be annointed every night with a piece about the size of a pin's head. Blue pill, v grs: every night. At the time I am now writing, which is just one week from the time she commenced this course, I am enabled to pronounce the eyes well. The inflammation has entirely disappeared; there is a slight pustule not more than a line in diameter, still in each eye, but gradually diminishing.

None of these latter remedies are suggested by standard authors on diseases of the eyes. I found them in some of the Medical Journals of the day.—*Western Lancet.*

Progress of Cholera in Russia.—From St. Petersburgh, the frightful intelligence has been circulated that the cholera has broken out in that city in a violent form, inwading alike the palaces of the rich and the houses of the poor. If the fluvial theory is correct, and the fact of the disease remaining in Moscow during the winter months, and now appearing at St. Petersburg, is considered to be a confirmation of it, the scourge may be expected in England about next March. The malady broke out in the Russian capital on the 24th ult., and an immense number of patients have already succumbed beneath its virulence. Six hospitals have been prepared for the reception of cholera patients alone. In Moscow, the pestilence is decimating the population. In two days (the 11th and 12th of June,) of 222 patients, 122, or more than one half succumbed. It is affirmed, moreover, that the disease has declared itself in twenty other governments or districts in the southern parts of the empire.—*Medical News.*

CONTENTS

OF THE

NEW JERSEY MEDICAL REPORTER.

FIRST MONTH (JANUARY,) 1849.

MEDICAL SOCIETY OF NEW JERSEY.

Abstract of Proceedings of Semi-Annual Meeting, - - - 89

GLOUCESTER COUNTY MEDICAL SOCIETY.

Semi-Annual Meeting, - - - - - - - - - - 90

Extract from a Paper on Cholera, read before the Gloucester County Medical Society, October 25, 1848; by B. P. Howell, M. D., - 91

ORIGINAL COMMUNICATIONS.

Case of Placenta Praevia, by A. D. Woodruff, M. D., - - - 98

Ovarian Tumours, by J. B. Coleman, M. D., - - - - - 98

Remarks on the Prophylactic Treatment of Cerebral Congestion, by the Editor, - - - - - - - - - - - - 102

BIBLIOGRAPHICAL NOTICES.

A Treatise on Etherization in Childbirth, illustrated by 581 cases, by Walter Channing, M. D., - - - - - - - 106

Introductory Lecture to the Course of Clinical Instruction in Surgery, at the Pennsylvania Hospital, delivered Nov. 1, 1848, by George W. Norris, M. D., - - - - - - - - - 108

Transactions of the American Medical Association, Vol I. 1848, 112

Essays on Infant Therapeutics; to which are added Observations on Ergot, and an account of the origin of the use of Mercury in Inflammatory Complaints, by John B. Beck, M D., New York, 1849, - - - - - - - - - 122

EDITORIAL.

New Jersey Lunatic Asylum, - - - - - - - - - 129
Wills' Hospital, - - - - - - - - - - - 130
The Ohio Medical and Surgical Journal, - - - - - - 133
Errata, - - - - - - - - - - - - - 133

ECLECTIC DEPARTMENT.

Extract from the Report of the Committee on Practical Medicine, read before the National Medical Association, at Baltimore, 1848, 134
Chloroform in Cholera, - - - - - - - - - - 148
Treatment of Cholera, - - - - - - - - - - - 149
Kreosote in Erysipelas, by P. Fahnestock, M. D., Pittsburg, - - 150
Case of Amaurosis, by W. Hendren, M. D., Delaware Co., Ohio, - 150
Influence of Quackery on Health, Morals, &c., by Mr. Sanborn, New Hampshire Legislature, - - - - - - - - - 153
Unusual size of the Mammœ, - - - - - - - - - 163
Amputation of the thigh at the hip joint, - - - - - - 163
American Medical Association, - - - - - - - - - 163
Internal use of Chloroform, by Henry Hartshorne, M. D., Philada., 164
Obituary Record, - - - - - - - - - - - - 165
How to prevent bed-sores, by Dr. Purefoy, - - - - - - 165
Effects of the new Drug Law, - - - - - - - - - 166
Camphor and Chloroform Mixture, by T. and H. Smith, Chemists, Edinburg, - - - - - - - - - - - - 167

THE

NEW JERSEY MEDICAL REPORTER.

VOL. II. FIRST MONTH, (JANUARY,) 1849. No. 2.

MEDICAL SOCIETY OF NEW JERSEY.

ABSTRACT OF PROCEEDINGS OF SEMI-ANNUAL MEETING.

The semi-annual meeting for the year 1848, was held at Trenton, on Tuesday the 14th of November. The President, Dr. S. W. Pennington, in the chair. Delegates were present from the counties of Essex, Morris, Monmouth, Hunterdon, Mercer, Cumberland, Camden and Burlington. An interesting address was read by Dr. Taylor, of New Brunswick, (one of the Vice-Presidents,) on the history of anatomy, describing its origin, progress, and improvements, as a science. The report of the committee on license was ordered to lie over for consideration at the annual meeting. The committee on quackery made a report embracing some important questions, the consideration of which, was deferred to the annual meeting. Copies of the proceedings of the National Medical Association were received, and ordered to be distributed to the different District Societies. The new medical Organization of Mercer county, was duly acknowledged—its delegates received and censors appointed. Dr. Peirson, of Orange, reported a singular case of malformation in an infant, which recently came under his observation. He attended the mother in her accouchment, and after the completion of the labor was at a loss to decide upon the sex of the child without a more critical examination than is usual; just above the pubis was a protuberance of considerable size, in which terminated the ureters, the renal secretion was found dribbling through the two orifices, and a probe was readily passed into little pouches at the termination of the tubes, which were the only substitutes for a bladder; the external labiæ were thrown over upon the thighs, and the vagina

occluded by a partition just within its orifice. In other respects the child was perfectly formed and healthy; it was rendered fretful from the excoriation of the surrounding parts, occasioned by the constantly escaping urine. Dr. Phillips, of Hunterdon, reported a case somewhat similar.

The usual details of business were accomplished, and after dinner the society adjourned; eight of the delegates occupying the remainder of their time in visiting the New Jersey Lunatic Asylum.

GLOUCESTER COUNTY MEDICAL SOCIETY,

SEMI-ANNUAL MEETING.

The Society convened at Swedesboro', at 2 o'clock, P. M., October 25th, 1848. The meeting was called to order, the President in the chair. In the absence of the Secretary, Dr. George Wiley was appointed *pro tem.* The names of the absent members at the last meeting were called, and their excuses rendered and sustained.

Dr. Howell, in accordance with his appointment, read an Essay on *Asiatic Cholera.*

Dr. Fithian made a report upon the proceedings of the State Society at their annual meeting, and in the absence of the Delegate from this Society to the "American Medical Association," made some statements that were of interest to the Society.

The report of the Treasurer was received and approved—$20 being in his hands.

The attention of the Society having been called to the proposition before the State Society to return to the former system of appointing censors for the examination of candidates for license, after due deliberation it was

Resolved, That they prefer to retain the present system.

The roll was called for each member to make such statements upon the Epidemic and Endemic Diseases of the past year, as he might think interesting or important.

Delegates were appointed to the State Society for the ensuing

year, viz: Drs. J. C. Weatherby, George Wiley, B. P. Howell, and Joseph F. Garrison.

Also, a Delegate to the "American Medical Association," to be held at Boston, in May next. Dr. Charles Garrison was appointed.

Officers of the Society for the ensuing year were then elected, viz: *President*, Dr. J. Fithian; *Vice-President*, Dr. Charles Garrison; *Secretary*, Dr. Thomas J. Saunders; *Treasurer*, Dr. Joseph C. Weatherby.

Dr. Weatherby was appointed to deliver the next Address to the Society, at their annual meeting in May next. Society adjourned.

EXTRACTS FROM A PAPER ON CHOLERA, READ BEFORE THE GLOUCESTER COUNTY MEDICAL SOCIETY, OCTOBER 25, 1848.

By B. P. Howell, M. D.

Mr. President and Gentlemen:—In presenting myself before you in compliance with the usage of this Society, I know not that I can better fulfil the duty which by regular order has been assigned to me, than by inviting your attention to a topic which has again begun to elicit universal interest—I allude, of course, to the re-appearance, in Europe, of the Cholera.

Every transatlantic arrival brings with it the appalling intelligence of the slow but steady march of that fell destroyer, which merits, in a peculiar degree, the appellation, pestilence—a disease sui-generis, and not inaptly described by the celebrated Magendie, on the occasion of its first appearance in Europe, "as beginning where other diseases end, in death."

Whether the pestilential or Asiatic Cholera, be identical with that form of disease, a description of which dates back to a high antiquity, is a mooted question; and indeed, there is a difference of opinion among writers, whether the disease under consideration, be the same, only in a more malignant form, as that which has prevailed epidemically, at different periods, in certain parts of the Eastern hemisphere.

It is sufficient for our present purpose to know, however, that this particular type of the disease originated in, or rather made Jessore, a town near the centre of the great delta of the Ganges, its starting point, late in the Summer of 1817; radiating, as it were, from this focus, it spread itself over the adjoining provinces.

* * * * * * *

It is foreign to my present purpose to enter upon a minute description of the symptoms attendant upon the invasion and attack of cholera, with which, of course, you are all perfectly familiar, but merely to bring into general view the more prominent characteristic phenomena, in order to elucidate my views of its pathology and treatment.

The principal theories advocated at present, to account for the morbid changes produced in this affection, are four, viz: First, that of a peculiar poison acting immediately upon, and producing disease of the blood, breaking it up, as it were, and separating it into its constituent parts. Secondly, that of passive congestion, superinduced by atony of the ventricles of the heart, causing stagnation of the blood in the veins, and producing the characteristic blueness and coldness of the surface, and, consequently, diminished power of absorption. Thirdly, the nervous theory, in which, in the language of Prof. Hodge, "there is a universal sedation of organic life manifested primarily in the capillary tissue, then in the larger vessels and heart, with a consequent passive congestion of an impure blood in the internal tissues, aggravating the sedative, and resisting the natural disposition to re-action; and that there is also a peculiar and morbid irritability of the cerebro-spinal nervous system, the apparatus of animal life." Fourthly, acute inflammation of the mucous surface of the alimentary canal. To my own mind, the post mortem investigations by Prof. Horner, are calculated to shed much light on this, (in many respects) obscure subject, and to corroborate the views of those who advocate the theory of inflammation.

That peculiar structure, which he so minutely describes as existing upon the mucous surface of the alimentary canal, and which he denominates the "*superficial venous layer*," embracing in its whole extent of mucous surface, a system of follicular pores, amounting to between forty and fifty millions, must surely bear a

prominent part in the morbid train of actions, known to be going on within the abdominal parieties of one laboring under this fearful malady; and may satisfactorily explain the source of that profuse internal perspiration, if I may use the term, which is exuded from the mucous surface of the bowels.

The very profuseness of this characteristic discharge, is prima facia evidence of irritation at least, accompanied by a greater or less degree of congestion of that important part of the vascular system, the portal circle, together with the heart and lungs; and comports with M. Gendrin's ideas of the early stage of this affection, which he defines as "a phlegmorrhagia" or "secretory irritation."

The phenomena in cholera all evince a decided centripetal tendency of the circulating fluid. The expression of collapse of the countenance; the sunken eye; the pinched and contracted expression of the visage, the cold, shrivelled, and blue appearance of the skin; præcordial oppression; the burning thirst, with cold tongue and breath; the small weak pulse, the difficult and laborious breathing; the articulation reduced to an almost inaudible whisper; the clogging of the action of the heart, manifested by the sense of weight and oppression, and the powerful efforts made by that organ (shown by auscultation) to overcome the torrent that is weighing it down.

That there is actual inflammation, is proved beyond a cavil, by the lesions of the mucous membrane, where the disease has been of sufficient duration to admit of the changes which are produced by the various terminations of inflammatory action. Although the system may, and no doubt frequently does labor under the influence of the proximate cause of this malady for some time, and the individual rest in fancied security, yet the powers of life to resist disease, may hold out no longer, but, in the twinkling of an eye, sink under the oppressive burthen.

When, however, the disease is more gradual in its career, but still proves fatal, not only redness and thickening, but ulceration and mortification of the mucous membrane is found to exist.

The flocculent appearances of the serous discharges are ascribed, by Prof. Horner, to a secretion of a fibrinous layer entirely analogous to that which occurs in croup, and of course, indicative

of a high grade of inflammatory action, broken up by the peristaltic action of the bowels, and but for which action, doubtless, would become a continuous coating to the internal surface of the intestinal canal. By some, the surface of the stomach has been seen lined with coagulating lymph. * * *

My attention was more particularly drawn to the soundness of the views given above, by a case which recently occurred in my own practice; and which in some particulars so strongly simulated the genuine malignant cholera, that I am induced to give a brief history of it; not only on account of the intrinsically interesting nature of the case, but because, also, of the means adopted to arrest the disease, and which proved successful.

I was called at 10 o'clock, P. M., on the 26th of August, to visit Mrs. R. P. residing in Westville, in this county, who, for nearly two years past has labored under phthisis pulmonalis, she was very much emaciated, and almost entirely confined during that period, to her house. On this occasion I found her laboring under all the symptoms of cholera morbus; great oppression at the præcordia, constant vomiting, and purging of watery fluid, and severe cramps of the lower extremities. A dose or two of cretacious mixture afforded temporary relief; all other remedies administered were attended with no better success; she had suffered from diarrhœa and nausea for nearly twenty-four hours preceding my first visit. From her previously debilitated condition, and from the severity of the present attack, I did not think she could live through the night. I remained with her, however, two hours, and hoped she might experience some relief from small portions of calomel and morphia, aided by fomentations and other revulsives. 27th, found her in pretty nearly the same condition. Spts: camphor and tinct: opii: combined—spts: ammonia: aromat: with solut: carb: sodæ were administered successively, and finally the sulphuric ether, when she intreated me to desist from further efforts.

28th, aggravation of all her symptoms. The discharges were involuntary: she became too much exhausted to eject the contents of her stomach; the pulse was scarcely perceptible; the thirst insatiable; the surface icy cold and bathed with moisture, though she herself experienced only the sensation of burning

heat. She could retain no drink of any kind, and as a substitute, to allay the thirst, she was occasionally allowed a small lump of ice.

Tuesday 29th, 10 o'clock—to my great surprise found her still living, but there was no amendment so far as I could discover, whatever. When hoping against hope, and as a dernier resort, with a view of allaying the extreme morbid sensibility of the stomach, I resolved to try the nitrate of silver, and accordiagly directed the following:

R. Nitratis Argenti 2 grs.
Aqua 1oz.
ft: solut:
Sig: 1dr.—q: h: Se:

which checked almost immediately the nausea, for she had ceased, from exhaustion, to vomit. The purging too was checked; the burning thirst allayed, and the skin began gradually to resume its natural temperature and feel.

The patient has since nearly recovered from the effects which such a shock must necessarily have produced on one, already laboring under a wasting disease.

It may be proper to add, that she has been seized on several occasions, of late, with severe spasmodic or convulsive action of nearly the entire muscular system, which repeated doses of morphine alone, of all the remedies tried, seem to afford any relief.

In reflecting upon this case, which approximated so nearly in some of the phenomena attending it, to cholera, that had it occurred during the prevalence of that disease, might justly have excited in the mind of her physician, a suspicion of its having been of *foreign extraction*, I have been led one step further than the advocates of the inflammatory theory, and would suggest that the cholera is not only a disease of an inflammatory action, but that it is of an erysipelatous character.

This idea is sustained, I think, (though we arrive at different conclusions) by the similar appearances presented in the post-mortem investigations of Prof. Horner, and in describing which, he remarks, "It remains for further researches to determine the uniformity of the vesicular eruption of cholera, as I have described; and also, to ascertain whether this is the specific disease

which gives rise to so terrible a train of symptoms; whether cholera is in fact a sort of inverted *small pox*, the location of which makes its ravages so fatal; and which, like the genuine variola, may be divided into discreet and confluent kind, and has its symptoms always modified by the extent of the surface attacked. The epidemic character of cholera, its independence of all meteorological conditions of the atmosphere, and moreover, its subjecting an entire community to its influence under some symptom or other, wherever it appears for the first time, show analogies with exanthematous disease, which go far in my mind to establish the opinion, that cholera is really what those vesicles tend to show, an inter exanthema itself." (See No. xxxii. Am. Journal of Medical Sciences.)

Erysipelas not unfrequently assumes an epidemic and malignant form, accompanied by a vascular excitement of a low typhoid kind, evincing great depression of vital energy. How much more clearly would those effects be manifested when invading the delicate mucous membrane, supplied so extensively with a vascular net-work, so closely connected with, and in point of fact a part of the portal circle, and so intimately associated with some of the chief vital organs.

Having enjoyed opportunities, as one of the resident physicians to the Philadelphia Alms House, of witnessing the disease under all its varied aspects, during its former prevalence, I will confine myself to an outline merely, of the mode of treating the disease, which I finally adopted at that time.

To check the premonitory symptoms, a strict adherence to a digestible unirritating regimen is all important; a pill composed of one or two grains of blue mass, with one grain of opium, to be repeated every two or three hours. The cretaceous julep, camphor and opium; perfect rest to be strictly enjoined; the clothing to be moderately warm; a broad belt of flannel to be worn over the abdomen; the application of some stimulating liniment or embrocation over the bowels.

Should more urgent symptoms supervene, such as nausea, vomiting, and purging, with cramps, acting upon the old medical adage "ubi irritatio ibi fluxus," I would strive to divert that flow towards the mucous surface, by abstracting a portion of the vital

current from the arm, giving a check to the centripetal impetus, producing relaxation and thereby equalizing the circulation, by which means, aided by counter irritants and dry warmth, applied to the surface, together with half a grain, or one grain of calomel, with a like quantity of opium, or as a substitute for the latter, the one sixth of a grain of morphia pro re nata. The gastro-enteritic irritation is checked; the functions of the liver and skin restored, the congestion of the lungs and portal circle overcome, and the mucous membrane relieved.

In those cases where the attack is sudden and overwhelming; cases in which the powers of the system seem to have exerted themselves with unwonted energy, having withstood the assaults of the morbid agent inch by inch as it were, until the citadel, the heart is assailed and overwhelmed in a moment, but little can be effected by human agency. The thinner portions of the blood are poured in torrents into the intestinal canal. The circulation becomes oppressed and languid—the skin cold, blue and shriveled, the flesh soft, inelastic, and doughy to the touch; the breathing difficult, the voice reduced to a whisper, the heart and lungs oppressed and engorged with thick, black, tarry blood, constituting the stage of collapse, and out of which few indeed, ever escape.

Should the cholera again visit our shores, of which there scarcely exists a doubt, and a case be presented to me for treatment, deriving a hint from the successful use of the nitrate of silver in the case narrated above, I should most assuredly repeat the trial of that powerful therapeutic agent, and should look with some confidence, if correct in the pathological view I have taken of this disease, for the same happy results from the internal use of this remedy, that is so often derived from its external application directly to the part affected, in erysipelas of the dermoid tissue.

* * * * * *

ORIGINAL COMMUNICATIONS.

A CASE OF PLACENTA PRAEVIA.

By A. D. Woodruff, M. D.

On the morning of May 26th, I was requested to visit Mrs. C. She stated that in about two weeks her full period of gestation would expire: that for a month past, she had occasionally slight hæmorrhages, and during that time had felt no movement of the child. About four hours previous to my seeing her, the flooding became very copious, but was unattended by pain. Upon examination, I found the os uteri dilated about two inches, and the placenta presenting. She was prostrated excessively, from the great loss of blood. I administered pulv. ergot. 1 scruple, which produced regular pain, and abated the hæmorrhage. I sent for my friend, Dr. Hendry, to see the case with me; we concluded to turn the child and deliver, but finding it impossible to introduce the hand into the uterus, I ruptured the placenta, and in a short time the fœtus escaped through the rupture in the first position of the vertex. It presented evidence of having been dead some time. The placenta soon followed, which, upon examination, I found had been ruptured about half an inch from the point of insertion of the cord. In three weeks the patient was attending to her usual domestic duties.

Haddonfield, 1848.

OVARIAN TUMOURS.

By J. B. Coleman, M. D.

Nearly two years since, I was called to Mrs. R., aged thirty eight, large frame, well developed and robust, the mother of six living, healthy children. She was a woman of more than ordinary intelligence, had been well educated, and had the ability to describe her case with the greatest clearness. The difficulty un-

der which she labored at my first visit, was an enlargement above and along Poupart's ligament, irregularly oval in form, fixed in its position, and reaching nearly from the superior spinous process of the illium to the symphisis pubis. The bladder and rectum were pressed upon, and irritated by the mass, while the uterus suffered partial prolapsus from the same cause. The account the patient gave of the first appearance of this tumour was, that at the time of her last labor, which took place a year and a half previously, the midwife in attendance, found, as he supposed, a fixed globular mass, before the head of the child, obstructing the passage. Dr. Meigs, of Philadelphia, was called to his assistance. During the passive state of the uterus, the tumour was thrust above the brim of the pelvis, pains came on, and the child was delivered. The patient said Dr. Meigs called it a protrusion of the bowel; something like a rupture, through which the bowels had got in advance of the head of the child.

Not seeing any anatomical relation between the moveable tumour she had described, and the enlargement under which she was suffering, and finding only such symptoms as would arise from mechanical pressure on the parts connected with this mass, I directed nothing more than one of Banning's supporters for the superincumbent viscera, deeming it light, well contrived, and a convenient apparatus for the purpose. As I was ignorant of the nature of the tumour, I did not drug the patient. A few months afterwards, pregnancy occurred, and at the end of the second month, abortion. As examination had proved, the ascent of the uterus, as I thought, impracticable, abortion was the expected result of impregnation. No further change took place for some time. The general health was tolerably good, and the menses regular. When she again became pregnant, which was about a year since, I expected the same result, for the tumour was still there, and increased somewhat in thickness; as the time passed, and the uterus found room for its development without unusual disturbance, and the period was near for the cavity of the pelvis to be relieved of the enlarging viscus, knowing the impossibility of delivery, should the womb expand to maturity above the tumour, I had determined to produce abortion by rupturing the membranes. At this critical period, the morbid mass was found as-

cending. It gradually assumed a spherical form of about six inches in diameter, and kept above the uterus during nearly the whole of the remainder of utero-gestation. The patient spoke of a peculiar pulling, straining sensation that seemed on one point, when the tumour was thrown farthest over on the left side. This point corresponded with the attachment of the broad ligament to the right side of the uterus. The motion of the tumour she described as free, rolling from side to side, without any perceptible connection with other parts than the one named, and that, as it were, by a long cord. Ten days previously to her delivery, which occurred at the full period, she was unable to walk, from a great soreness in the left hypochondrium. She passed this time in an easy chair, or on the bed, and whilst it continued, she could not feel the tumour; it had disappeared behind the womb, on the left side. Labor came on. No unusual symptom occurred, and in a few hours she was delivered of a large well formed living child. For some days afterwards the tumour could not be detected, but since it has assumed its globular form, and about the size it was during the last months of pregnancy; it floats about the abdomen attached to the uterus by its long pedicle.

Another case, the person, still living, was examined between four and five years since. A hard, irregular tumour extended from the right side to the left, in a line with the spinous processes of the ilia. The mass was hard and immoveable at its base, projecting and pendulous anteriorly, so much so that it rested far on the thighs, in a sitting posture, and gave an awkward fullness to the figure, which would have been very remarkable, had not full skirts concealed the anomaly. The uterus was not disturbed, menstruation was regular and easy. This case was so well marked, having begun in the region of the right ovarium, and progressed to its great size without irritating the bladder or alimentary canal, that I was studying it for an operation, should its increasing size have any effect upon her general health. Having informed the patient's mother of the nature of ovarian tumours, and the terrible difficulties occasioned by their existence, I was surprised, some time afterwards, to hear that she was married. Being called to her lately for gastritis, and on inquiring after the old tumour, she informed me that it had entirely disappeared previously to her

marriage, that its reduction in size was gradual, and that no unusual symptoms had marked the change. On examination, not a trace of it could be detected.

A third case was a woman, aged apparently about thirty, who was bought for dissection. She had died from some violent disease, perhaps a gastric affection, for there was a large denudation from a blister over the epigastrium. Her body was plump and fat. In this subject were the rudiments of an ovarium on the right side. At some period they had been distended by a fluid, and ruptured, for they now seemed more like the torn fragments of a bladder, than the proper structure of an ovary; and from the floating, partly absorbed, healthy looking membranes, still observed, there had been sufficient to surround a mass five or six inches in diameter. The left ovary was perfectly healthy, peritoneum sound, and no unusual fluid in the general cavity.

These cases show the developement of ovarian tumours, without material injury to the health of the individuals. The first case exhibits a small moveable mass, that is detected during labor, and mistaken for hernia of the vagina. Afterwards it is found adherent to the brim of the pelvis, of large size, and an apparent obstacle to the mechanism of uterine enlargement and parturition, it becomes detached, and by an elongation of its pedicle, it keeps above the ascending uterus, assumes a spherical form, and floats freely from side to side of the cavity of the abdomen, and finally, after an easy labor, disappears for a while, then grows to its full size, and remains a floating mass in the general cavity, attached by its ligament only, to the right side of the uterus. The second case proves, that a formidable enlargement of an ovarium may gradually disappear, without the smallest attempt at treatment. The third case is conclusive, that a fluid tumour may be ruptured, the liquid absorbed, and the sac restored to healthy tissue, without the peritoneum suffering from this series of phenomena. These cases are of some importonce in confirming, the propriety of a practice, that, in obscure pathology, trusts much to nature, and but little to medicine.

Trenton, Dec. 1848.

REMARKS ON THE PROPHYLACTIC TREATMENT OF CEREBRAL CONGESTION.

By the Editor.

At the present period of medical history, there are no diseases more obscure in their pathology, and hence, none in which the diagnosis is more difficult, than the various forms of cerebral inflammation. The situation of the brain, encased as it is, within a solid bony structure, taken together with its multiform divisions, the variety of its functions, and the many sympathetic disorders to which it is liable, sufficiently explains the cause of this obscurity. With brain diseases we cannot command the aid of physical signs, we must rest altogether upon the evidence of pathological symptoms, which may be developed in the general system, and it is only by a course of comparison between these pathological signs, and the physiological condition of the economy, that we can judge correctly; while even these inductive symptoms must vary greatly in different persons, according to habits of life, constitutional peculiarities, &c. When it is considered that there is no organ in the body, so important as that which is the means of our intellectual enjoyment, and the medium of intelligent intercourse with the external world, it is of the greatest importance to ward off disease if possible; for where this organ is assailed, all that is calculated to make man useful to others and happy in himself, is exposed to danger; this fact, in connection with the incurable nature of the different forms of cerebral congestion, naturally leads to inquiry as to the best method of preventing their approach. It is much to be feared that mistakes are often made, even by competent physicians, with patients suffering from cerebral disease, by attributing their symptoms to gastric disorder; neglecting the real malady by prescribing for sympathetic affections which so nearly assimilate in their manifestations the diseases of the brain. A case of this kind recently came under my care. A gentleman in passing through Philadelphia, on his way home, was taken after dinner with oppressive vertigo, experiencing some weariness of the limbs, and a general sense of apathy. He sent for one of the most distinguished physicians of the city,

who administered a full dose of castor oil, as all that his case seemed to require. The vertigo was attributed very naturally to the indigestible meal which had been taken, and the sluggishness of the system, to fatigue, occasioned by travelling. Two days afterwards the patient came under my care; I found him of sanguine temperament, florid complexion, with full muscular developement. His pulse was eighty, rather full than otherwise, with a very slight fur upon his tongue. He complained of dulness in the head, a sense of fulness and dizziness when he attempted to rise in bed, with a general feeling of weariness, and indisposition to exercise. I was told the opinion of his former physician, and was led to confirm it, on account of the absence of pain, or any other very decided symptoms of cerebral excitement, and directed a mustard foot-bath, and a blue pill at bed-time, to be followed in the morning by a simple cathartic of magnesia and rhubarb. The medicine acted kindly, but the symptoms continued the same. There was but little abatement of the vertigo for several days, and as free catharsis had been produced, and the patient kept on a low diet, without improvement, the suspicion was aroused that the symptoms had not their origin in the stomach. Upon inquiry into the history of the patient, I learned that from early life he had been subject to vertigo, and on two occasions had been affected with partial paralysis of the tongue, and one or more fingers. The case having assumed a graver character, the course of treatment was modified, to meet the indications which seemed now to present themselves. Leeches were applied to the temples, and over the base of the brain, and a succession of blisters at the nape of the neck, and behind the ears, kept discharging during the acute stage of the attack. The tongue became after a few days, somewhat swelled, and perfectly white, with slight acidity in the taste. Tinnitus aurium annoyed him much, with a sensation of burning in the internal ear. Powders of blue mass and prepared chalk, in doses of five grs. of the former to eight of the latter, were given at intervals pro re nata, and followed by saline draughts, so as to secure two or three copious evacuations daily. The diet was restricted to biscuit and Indian gruel, and the drainage by the bowels and head continued. The patient was possessed of one constitutional peculiarity, which is but seldom met with:

he scarcely ever had any sensible perspiration; even in hot weather he seldom perspired, except under unusual exercise. The urinary secretion was also somewhat deficient in quantity; it hence became an object of importance to establish the thenormal action of the kidneys and skin, and with this view, a solution of nitrate of potassa, (two drachms to six ounces of water) was given in table spoonful doses every three hours, with the effect of restoring an abundant urinary secretion, and producing slight diaphoresis. Under this treatment the patient recovered in three weeks, and was directed to pursue a course of living strictly temperate, avoiding excesses, either of mind or body, and with the constant drain sustained by a seton in the nape of the neck, it is believed, he will be able to pursue his active duties, requiring as they do, considerable mental effort, without the fear of falling at any moment, a victim to fatal apoplexy. The absence of pain in this case, and of other symptoms, except such as attend ordinary derangement of the stomach, might readily deceive the most acute physician, without a critical inquiry into the history and mode of life of the patient.

A case is now under treatment where the symptoms are more strongly developed, and in which there can be no obscurity as to diognosis; and yet, a few months ago the same person was treated for gastric disease as the primary malady. This patient is a female, aged 29, of sanguine habit, weighing one hundred and sixty lbs. She has increased in weight forty pounds, within a few years; is an active housewife, and has never been accustomed to much out-door exercise. In early life she was subject to frequent attacks of sickheadache, and was under the care of an old and experienced practitioner, who treated her for "liver complaint." Subsequently, she became subject to violent hemicrania, and took freely of quinine and valerian, without benefit. Within the last year, the attacks have increased in frequency and severity, commencing sometimes in the forehead, but more frequently on the left side, or in the left eye, from whence the pain rapidly spreads over the whole head, and is so violent as to cause the patient to scream from the intensity of her sufferings, and is accompanied by the general symptoms of active determination to the brain; as throbbing of the temporal arteries, optical illusions, unnatural irritability of the nervous system, sluggish intellect, depression of spirits, and during the

violence of the paroxysms, slight spasmodic contractions of the digital muscles. In this case also, both topical and general depletion were resorted to with advantage, and counter irritation to the nape of the neck, the patient was directed to confine herself to a regulated diet, and to exercise freely in the open air. These two cases are mentioned to illustrate the importance of forming correct diagnosis in the commencement of the treatment. The symptoms of the first, were indicative of at least, passive congestion, while those of active determination characterized the last; and while neither would have been remedied by treatment applied to the stomach alone, both were thus treated by able and distinguished physicians. It is therefore a question of great practical importance to discriminate between the symptoms which mark the several conditions of cerebral disorders, as well as those which distinguish them from diseases dependent upon gastric, intestinal or nervous derangement, in order that we may judiciously apply our therapeutical knowledge. We may have active congestion of the brain, from determination of arterial blood in profuse quantity, or we may have pressure from serous effusion, or congestion from debility, from mere want of nervous energy in sufficient degree to distribute the vital current in due proportion to different parts of the system, or, as is often witnessed in children particularly, an increase of either arterial or serous fluid into the cerebral cavities, or between the membranes, may occur from mere irritation. The foregoing observations are thrown out, simply with the view of exciting more vigilance in such cases as have been described, as the consequences resulting from a want of it, may sometimes prove greatly hazardous to those who commit themselves to our care.

Burlington, 1848.

BIBLIOGRAPHICAL NOTICES.

A Treatise on Etherization in Childbirth, illustrated by five hundred and eighty-one cases. By WALTER CHANNING, M. D. *Professor of Midwifery and Medical Jurisprudence in the University at Cambridge.* Boston. William D. Ticknor and Co. 1848.

This is a neat volume of 400 pages. We take pleasure in introducing it to our readers, as it appears to us to contain a candid statement of facts, which have been accumulated by its author from various physicians in Boston and elsewhere. The principal objection urged by those who oppose etherization in childbirth, is fairly considered. The *safety* of the practice is established beyond controversy. The special, physical, moral, and intellectual effects are detailed in the report of the several cases; and near the close of the work they are arranged in tabular form, with considerable accuracy. The first table contains the returns of 516 cases; all these are classed under the head of natural labor. This table "contains test cases of etherization, inasmuch as cases of great difficulty and of long continuance are embraced in it. This is stated, in order that, if any comparison is made of the cases in this table with an equal number in which etherization has not been employed, its whole agency may be known, and entire justice rendered.

"It may, nevertheless, be asked, if ether was not, in fact, used in favorable cases,—in those in which labor would have been easily and rapidly completed without it. I think not. As far as my inquiries have reached, I learn that it has been often because of the severity of the case that the remedy for pain has been used, because patients have demanded it with an emphasis which could not be resisted; and that in many cases, and in the practice of some physicians, it has only been used when such demand has been made. In almost the very last case of natural labor which I have recorded, the patient said, before labor occurred, she would on no account use etherization. Still, in the extremity of pain, she called for it with an urgency which I do not remember to have seen paralleled. Upon entering the house, almost the first word I heard was, "ether!" Cases have not been selected by the phy-

sician. On the contrary, they have *selected themselves*, or have so obviously suggested etherization, that it has been employed. In the practice of some physicians, as appears in the tables, etherization has been rarely employed. By others it has been often used; surely often enough to prove how perfect and how well placed has been confidence in its safety and utility.

"In these tables, I have admitted those cases only in which etherization was more or less perfectly induced. I have excluded the puerperal state; for, except in three cases in which puerperal fever followed chloroform, nothing untoward has happened. In one of these, the fever occurred thirty-six hours after delivery, when the patient was apparently doing perfectly well, and in immediate connection with the operation of a very active cathartic. In the other cases, the fever was noticed the second and third day after delivery, and under circumstances which excluded the idea of any connection whatever between it and etherization. At about the same time these cases happened, others of the same and of other diseases occurred, during labor or afterwards, in which neither chloroform nor ether had been employed at all."

In all these cases, which embrace the various complications that are constantly occurring in obstetric practice, except such as require manual or instrumental aid, there is not a single one reported in which the mother did not do well. The other tables show the result of experience in fifty-one cases of unnatural, complicated and instrumental labours, embracing those which required the use of forceps, and operations of craniotomy, labors complicated by convulsions, hemorrhage both accidental and unavoidable; twins, and presentations of breech and upper extremity. The analysis of these tables gives four deaths in fifty-one labours; a result, considering the dangerous complications, and the extreme hazard to which the patients are exposed, that is less than might be expected, and it is believed less than would have occurred had not ether been employed: thus proving not only the safety, but the absolute utility of the agent. The physiological, moral, and religious objections, which have been urged against the use of ether, are also fairly considered, and in our opinion fairly answered.

The application of this remedy of pain, to ordinary diseases accompanied by spasm, is taken up and cases given. It has been used even in phthisis, to relieve the distressing dyspnœa and anguish of the last stages. In tetanus also, and other spasmodic disorders, in puerperal convulsions, cholera, and typhoid fever accompanied with spasms: these cases are detailed in the Appen-

dix, which constitutes a very valuable portion of the work. The book should be in the hands of all who take an interest in the progress of etherization.

Introductory Lecture to the Course of Clinical Instruction in Surgery, at the Pennsylvania Hospital. Delivered November 1st, 1848, By George W. Norris, M. D., one of the Surgeons of that Institution.

In the multiplicity of Introductory Lectures, received by editors, it is not possible to give them more than a passing notice; but in the one before us, we feel bound to depart from this rule, in order to convey to our readers the just and humane sentiments uttered by Dr. Norris on this occasion.

If there is any thing calculated to degrade our profession, it is the disregard which is sometimes manifested by eminent members of it, for the feelings and lives of those placed under their care, especially if they are in the humble walks of life, and deprived of the succour of friends. Patients in public institutions are often of this class; they are thrown entirely upon the charities of those placed in charge of them, and unfortunately, the feelings of these are sometimes so blunted by contact with suffering, that their hearts become callous to the cries of distress. The *man* is forgotten in the *patient*, and the nurse or the physician goes his accustomed rounds, and performs his professional duties as though he was operating on machines. This state of feeling is happily by no means prevalent in the hospitals of this country, though it is said to prevail to a distressing extent in some institutions abroad. It is to be feared however, that abuses have crept into our systems of clinical teaching, which render the caution of Dr. Norris timely and appropriate. In speaking of the practice of the Pennsylvania Hospital, the lecturer remarks,

"For the means of Clinical Instruction, no institution in the country surpasses this hospital, and none has more largely contributed than it has done to the diffusion of sound professional experience.

"Up to the period of its foundation, no college of medicine existed in this country, and the hospital, under the care of some of the first medical men of the period, soon attracted a number of

students by the lectures—the first delivered in the country—of her physicians. Among these may be mentioned the names of Bond, Shippen and Morgan; and in later times, Rush, Wistar, Physick, Dorsey, Parrish, Otto and Randolph, were among those who energetically continued the plan of teaching introduced by them.

"Our managers are not, as has been asserted, backward in giving opportuniiy for medical instruction, but have invariably countenanced and aided it, when conducted in a proper spirit and without injury to the feelings and frames of the numerous depenents on their bounty.

"So far as you are concerned, I am sure, this proper spirit will be observed, and I will here take the liberty of asking from you, gentlemen, that all marks of applause or of disapprobation may in this theatre be avoided. When you consider that you are here at all times surrounded by the suffering—that there are always in the apartments immediately adjoining us, and within the sound of your voices, some who might be disturbed by noise, and that the ignorance of others who are not suffering, might induce a fear that they are to be brought before you to exhibit their infirmities merely as for a theatrical exhibition, I feel confident that this request need but to be mentioned by me, in order to secure your observance of it. Our profession is eminently a humane one, and humanity to the poor and friendless who are here thrown upon us for support and assistance, is shown perhaps more strongly by some sympathy for their sufferings, and the avoidance of every thing which may induce them to believe that those sufferings or their feelings are sported with, than in any other manner."

The desire for witnessing brilliant operations, so general among students, and the undue importance attributed by some surgical writers and teachers to operative surgery, are justly rebuked by Dr. Norris. His remarks upon this head are so judicious and well timed, that we cannot forbear giving our readers the benefit of at least a portion of them.

"I have long thought, gentlemen, that a crying and increasing defect in the teaching of the present day, is a neglect of the principles of surgery. Beginners in the study of our science, naturally enough become weary of the detail of principles, and when opportunities offer, love to wander off to witness operations. These, when determined upon with judgment, while they distract the mind from tiresome rules, instruct in what is certainly a highly important part of the profession, and to a wholesome degree should be encouraged; but important and dazzling as the calmness of mind and ability to perform them well, may be, it is to be remembered that their acquisition is the least part of a surgeon's education, and a necessity for their performance the opprobrium of our

science. To understand the nature of the affections in which operations are demanded, and to distinguish accurately these from such as are remediable by medical means, to determine the moment when the knife should be resorted to, and under what circumstances it is to be withheld, to know precisely what should be done before an operation, and the best course of treatment after it, are the great and difficult points to which attention should at all times be principally directed. Operative surgery, much as it should be valued, is, when compared to these, of only secondary importance; and incessantly to dwell upon it and magnify its results and consequence, is again to degrade our science to the rank which in former times it held, when connected with the barbers.

"Within the last half century, operative surgery has very much diminished, and will be still more so as our science advances.

"The cultivation of morbid anatomy and pathology, which has within the period mentioned, been followed with an ardor previously unknown, by indicating better methods of treatment, as well as by exposing the constitutional origin of what were before regarded as purely local diseases, and by pointing out the grave affections of the general system which so frequently supervene on diseases which in their origin are purely local, has greatly diminished the number of really necessary operations, and I think it would be to the benefit of the student, as well as more honorable to our profession, if instead of dwelling so much upon operative procedures, teachers would more constantly direct the attention of their pupils to the attainment of this really useful knowledge. Ulcers and diseased joints, classes of diseases in which amputation was formally so common, are now by improved methods of treatment in the great majority of cases, cured, without resort to operative means. Castration, which in former days was so common an operation in chronic diseases of the testis, is now rarely done—so rarely, that in this hospital, with which I have been connected for fifteen years, and in which many such affections are treated, I have never seen it once performed here. The application of the trephine, too, at one period so frequent, is now rarely resorted to, and within a very short time, the treatment of aneurisms by pressure has been so improved upon by an accurate study of the process employed by nature in her spontaneous cures of that disease, and such an adaptation of the treatment as to imitate her, that there is good reason to hope that in the extremities at least, another bloody operation will be henceforth in many cases deemed unnecessary.

"Students are very apt to take up the false notion that it is by operations that a great and lasting surgical reputation is to be attained. Nothing is further from truth. Consult the history of surgery, and you will find that those who have been most distinguished for their daring and the frequent use of the knife, are hardly remembered, while such as have studied and taught the

principles of the science, are constantly noticed and referred to. The mere operative part of surgery may be acquired without the study of principles, and has often been possessed in an eminent degree without even anatomical knowledge. I have somewhere seen it stated, that one of the most celebrated performers of the Cæsarean operation that ever lived, was an ignorant old woman, and Dr. Madden, in his pleasant book of travels in the east, describes an old and uninstructed boatman, whom he met with on the river Jordan, who acted in the capacity of lithitomist to that region of country, and was remarkable for his expertness and success. The greatest surgeon that England has ever had, is, unquestionably, John Hunter—his name is classical, and you all have already, doubtless, become acquainted with it, but which of you ever heard of John Hunter, as an operator. Of the mode of performing operations, Mr. Hunter has written but little. 'Surgery,' says he in one of his lectures, 'consists, in my opinion, in the curing of a disease, rather than in the removal of it by mechanical means. But generally, so differently is it thought, that the surgeon who gives most pain, and performs most operations, is now-a-days thought the most of.'

"It was not by the knife that he obtained distinction, but by his investigation of diseases, and his expounding the principles of our science, and in a word, by his study of medical surgery. The greatest surgeon our own country has produced, was his pupil—Dr. Physick. I have been assured that he was great as an operator, though many of his own day fully equalled him—but it is not in this way that Physick's claims to distinction can be upheld. It was by mastering the principles of his preceptor, and transplanting them to his native clime—by insisting upon them in all his teachings, demonstrating them to his students—adopting them in his practice—and thus avoiding the performance of rash operations, or such as were not really necessary, that his name was carried, and is now revered by every admirer of surgery, from one extreme of our continent to the other.

"In a biographical notice of the late Mr. Liston it is asserted, that he observed to a friend some years previously to his decease, that 'his principal avocation now was to prevent others from operating,' a remarkable observation to come from one whose reputation was thought chiefly to rest on his skill as an operator, and one going to show that after all the vast experience which he had had, how much more he prized the reputation of a philosophic surgeon, and the preserver or limbs and joints, than that of the mere knife-man.

"Operations are ever the last resort of the true surgeon, and though it is necessary to become acquainted with the proper and best mode of performing them—still let me urge you in an especial manner to study the principles upon which they are founded, and the medical treatment of surgical affections which may do

away with their necessity, and when they are done, to give as much attention to the treatment adopted before, and after their performance, as to the operation itself, and to mark carefully their results. From these remarks, do not suppose, gentlemen, that I would have you think operations are never necessary, or slight operative surgery—it is an useful and necessary study, and a competent knowledge of the mode of doing them well is a matter of much importance. All this and much more I would urge upon you. But I believe that too many of the teachers and writers of the present day, exaggerate the benefits to be derived from operations, and that too often an impression is given to students by the frequency with which they are sought after, and brought before their notice—that the whole or the greater part of a surgeon's duties consist in an attention to them. I will again repeat that they are the smallest and least important of all his duties, and when you go abroad into the world to practice for yourselves, you can judge whether or not the statement is a correct one. The practitioner who has the knowledge which enables him to decide when they are necessary, and when they are to be avoided, is every where and by all competent persons, justly looked to as the best surgeon."

We have quoted thus largely from this admirable lecture, from a fear that its circulation will be limited to the immediate friends of the author, while we believe that the sentiments which it contains should be widely diffused.

Transactions of the American Medical Association, Vol. I. 1848. pp. 403, 8vo. Philadelphia.

It is with no small degree of satisfaction that we have perused this interesting volume. Apart from the inherent interest which it possesses as a repository of valuable information, gathered up by the industry and judgment of the several committees, appointed to report on the different branches of medical science, we have regarded it as a sort of corner-stone to a great national monument, which is to be reared by the future labors of American physicians. For, however elevated may be the position of our country among the nations of the earth, for its natural advantages and its admirable civil institutions, it has not yet assumed its proper place in the great world of science. It is true that we have all the elements of distinction among us; such as active intelligence, ample

facilities of acquiring knowledge, plenty of teachers, and schools, and hospitals, besides many men of brilliant genius, of profound sagacity, and of laborious research, who have adorned our medical annals, and who are still actively engaged in the same good work.

But these facts are known only to ourselves; we have been as it were isolated from the rest of the medical world, and have perhaps been regarded by our brethren abroad, as following in their wake: we have indeed been too apt to consider ourselves in this light, and to think that what originates among us is too humble to receive notice, unless perchance, it is endorsed by some great names in France, England, or Germany, or comes to us served up in a foreign tongue, without an acknowledgement of its paternity.

We look therefore, upon the institution of the American Medical Association, as the commencement of a new era in our medical history, both as it relates to the development and concentration of much unoccupied and hidden talent, which will find a channel through it, and its auxiliaries, and as it concerns our character abroad.

Through its influence we shall build up a national medical literature; and American medicine will furnish its quota to the great stock of knowledge, which is constantly accumulating from the different portions of the world.

The volume before us contains a faithful record of the proceedings of the association, together with the various reports and documents read therein. We shall not attempt an analysis of its contents, supposing that our readers will all possess themselves of the work, and make their own examination. We cannot forbear however, a brief notice of the several reports, more especially of those which are strictly medical, and which contain important practical information.

The first in order, is the *Report of the Committee on Medical Sciences, Dr. Wragg, Chairman.*

This is an excellent summary of the progress of this department, within the past year. Under the several heads of anatomy, physiology, hygiene, general pathology, therapeutics, and medical jurisprudence, the committee have brought together much valuable matter, collected from the Medical Journals of the United States, evincing zeal and industry on the part of American physi-

cians, in their inquiries in these departments, and bringing to light many novel facts and suggestions.

Among the latter we notice some curious facts, in regard to the doses, and therapeutic effects of quinine, and the circumstances under which it may be given.

Several respectable authorities are quoted, as favourable to large doses of this medicine in the *hot stage of remittent fevers*. It is believed by many physicians to diminish the force, and to shorten the period of this class of fevers, with as much effect as it is known to do in intermittents. The dose varies according to the views of the practitioner, and by some is given in (to us) frightful quantities. From five to ten grains every hour, until the peculiar effects of the medicine are manifest, is considered a very moderate dose; while from twenty to twenty-five grains, repeated at intervals of four or six hours, is very common. An Alabama physician told Prof. Dickson, a member of the committee, that he had given thirty grains every hour, for seventeen hours in succession! Whether the patient survived or not, is not stated. We have heard authentically of a western physician, says the same gentleman, who gave an ounce in one night, to a patient with bilious fever; and "from thirty to fifty grains are spoken of as a familiar dose; and even one hundred grains are occasionally given with safety and striking success."

Dr. Fee, of Leatherwood, considers quinine, First, as a tonic, in doses of one or two grains, three or four times a day; Second, as anti-periodic, which effects it produces in two ways, by giving tone to the nervous system, and thus preventing the return of nervous irritation; and by its sedative and quieting influence keeping down nervous irritation till the paroxysmal time passes. The first it effects in one and two grain doses; the last in fifteen or twenty grain doses. Third, sedative, in fifteen or twenty grain doses, this effect being promoted by the addition of morphine. Fourth, anti-congestive; an effect produced in two ways; in small doses when the congestion is owing to a weakened state of the system, and with lack of nervous energy—in mammoth doses when the nervous energy is normal, but the nerves too irritable. Fifth, narcotic; in virtue of which power, it produces ringing of

the ears, blindness, deafness, &c., for the nervous energy of the heart being lessened, less blood is sent to the brain."

Dr. R. S. Holmes says, in the Southern Med. and Surg. Journal, for Feb. 1847, "The largest amount of quinine I have ever given at one dose is eighty grains. This is the extreme dose, the average quantity is about twenty grains."

In view of the varied properties ascribed to this medicine, and of the enormous doses in which it is administered by some practitioners in the South and West, as evinced by the above extracts, it is evident that medical opinion is at this time vague and unsettled in reference to its action and effects. That it will produce mischief and even death, when given in extreme doses, all will admit, but to what extent, and under what circumstances it may be employed with safety, is still unsettled. The question of what is a poisonous dose of quinine? is briefly discussed in the report, but without arriving at any satisfactory conclusion. The committee remark, "In all that has been cited, it will be vain to seek for any positively poisonous dose of quinine. The medicine possesses such properties, but not any definite quantity of it, so far as we yet know."

Did our space permit, we would gladly notice other subjects embraced in this valuable report, but must pass on to that next in order, viz:

Report of the Committee on Practical Medicine, Dr. Joseph M. Smith, of New York, Chairman.

This is a well written and valuable paper, devoted chiefly to the discussion of the question of epidemics, and of their progress in the United States. Epidemics are regarded as arising from contagion, infection, and meteoration. Those which have attracted general attention within the year, are of the infectious and contagious character. Among the former, scarlet fever, measles, and small-pox, are referred to, and in this connection a valuable statistical table is presented, of the annual mortality from these diseases in the city of New York, from 1805 to the end of the year 1847, together with a brief history of their course, and periodical visitations. The singular fact is stated, that while the exanthemata were infrequent in New York, the yellow fever prevailed epidemically several times, and the fear of its annual visitation

was never absent from the public mind: whereas, "since 1822, or since the exanthemata have been prevalent, the yellow fever has not been epidemic north of Charleston." Dr. Smith does not assert, that this principle regulates the succession of epidemics in other localities; but why it should not operate as well in New Orleans as in New York, we cannot comprehend.

Among the infectious epidemics the committee class yellow fever, and present a brief sketch of the rise and progress of this malady in several of the Southern cities, where it has prevailed within the past year. In reference to the treatment of the disease, an interesting fact is mentioned on the authority of Dr. Harrison, of New Orleans. After stating that the epidemic of 1847, did not differ from others he had witnessed. Dr. H. remarks, "except in this, sulph: quinine was more liberally used than formerly, and generally with the best results, according to the information I have been able to obtain from those in whom I have confidence."

The next form of infectious disorder which claims the attention of the committee, is typhus or ship fever, as it has prevailed in the year 1847, in the Atlantic cities of the northeastern and middle states.

The residence of Dr. Smith in the commercial emporium of the Union, and the ample facilities which he has thereby enjoyed for the study of this disease, together with the marked ability and industry which he has displayed in cultivating so extended a field of observation, give to this part of the report a value and importance, and we may perhaps say, an authority, which is not often secured for papers of this character.

The reporter here, is not only the recorder of the observations of others, but becomes himself the observer and the judge; he enters into the field of research, and collects the materials with his own hands, upon which he builds important conclusions upon controverted points. The mooted question of the identity of typhus and typhoid fevers is discussed in a spirit of philosophical research, and with a degree of candour calculated to win the confidence of the reader, in the accuracy of Dr. Smith's observations and conclusions, and will, we think, go far in influencing medical opinion upon this question.

To give some idea of the extent to which this disease prevailed among the emigrants who arrived at the port of New York, it is stated, that in the year 1847, there were admitted into the Marine Hospital, on Staten Island, alone, 2229 cases of typhus, of which 457 died, besides 3020 cases registered as remittent and typhus remittent, many of which latter, Dr. S. is disposed to believe were of the same character. In the New York Hospital, "the number of typhus fever cases treated during the year, was 1034; very many of them cases of the severest form of the disease, and demanding far more than ordinary assistance of physicians and nurses. Of this number 136, or a little more than thirteen in the hundred, have died."

In considering the question of the identity, or non-identity of typhus and typhoid fevers, the committee express their inability to distinguish the existence of two such diseases in nature; whether viewed in relation to the causes of production, symptoms, or the alterations discovered after death.

The phenomena relied on by the advocates of the specific character of typhoid fever, as distinguishing it, such as rose-colored spots on the anterior part of the abdomen and chest, gurgling in the right iliac region, tenderness of the abdomen, diarrhœa, meteorism, enlargement of the spleen, and epistaxis, are declared to be present in cases of unequivocal typhus, originating in crowded emigrant ships, and to present the same varieties as in the form of disease called typhoid. This fact is stated upon the authority of Dr. Smith, who states that he has treated many such cases, as one of the physicians of the New York Hospital. In regard to the grouping of these symptoms in the same case, being a ground of distinction between the two diseases, Dr. Smith contends that such a means of distinction is fallacious.

Inasmuch as more reliance should be placed "upon the uniform constitutional phenomena, as manifested in the morbid condition of the nervous, vascular, and secretory organs, than upon those phenomena which are local and contingent. The former are esteemed the efficient, and the latter the accessory means of diagnosis."

These merely indicate modifications of the disease, and not a specific difference in its nature.

Various arguments are presented to fortify this view, and the conclusion is arrived at by the committee, "that the morbid phenomena (of the two diseases) are so correspondent in the sensorial, vascular, and other functions, and are so similarly catenated or related to one another, from their accession to their termination, that the attempt to sort or group them, so as to make them express two different diseases, is a labor, which it appears to us, must fail to show any distinction which is found in nature, and cognizable by practical minds."

Without denying the position here assumed, in a limited sense, we must be permitted to doubt the propriety of assuming such a latitude of generalization as is here contended for, when applied to diseases generally. We believe that the *degree* and *duration* of an attack of fever, or the modifications which it may assume under particular circumstances of temperament, climate, epidemic influence, &c. may give to it such a character as to justify its classification under a distinct name, expressive of its modified form. The etiology of the two varieties may be the same, the "morbid condition of the nervous, vascular, and secretory organs," may occur in the same order, but the *degree* in which they are involved may so far change the character of the symptoms, as to render it necessary to give them a distinct designation.

In other words, the modifications of diseases may so far modify their specific character, as to render them distinct affections.

To illustrate this position by an example, the autumnal fevers of malarial origin, originate from the same general causes, and are in one sense modifications of each other; and yet they vary so strikingly in their type and degree, or in the language of the committee, "in those phenomena which are local and contingent," as to give them different appellations, indicative of their distinctive characters. Nor are these distinctions unimportant, as different modes of treatment are based upon them, and the practical physician regards their diagnosis as a matter of great importance. Applying this principle to typhus, we can see an advantage in classing the milder forms of this disease, under the head of typhoid, or the old term of typhus mitior; while the severer forms are known by the prefix of *malignant;* these terms designating the degree of violence or duration of the attack, without involving those who

use them, in an acknowledgment of all that has been written by Louis and other modern pathologists, concerning the specific disease which they call typhoid. It has always seemed to us that the importance attached to ulceration of the glands of Peyer and Brunner, by Louis and his disciples, as indicating the specific character of typhoid fever, was overrated; and we agree with the committee, that the attempt to establish a distinct disease upon this basis, has failed.

We would commend to our readers who may be troubled upon this question, this part of the report of Dr. Smith, as presenting a clear exposition of the subject, fortified by a strong array of facts, which we think the advocates for the peculiar and essential anatomical character of typhoid fever, will find it difficult to controvert.

After reviewing the opinions of some of the most eminent British observers on this point, Dr. Smith gives us the result of the examinations of a large number of cases in the New York Hospitals, during the recent epidemic, which he deems sufficient, apart from all other testimony, to establish the identity of the two diseases. Without following him through these details, it may be sufficient to state that those engaged in the investigation, seem to be agreed in this opinion, among whom are our friends, Drs. Sweet and Griscom, both accurate and trusty observers, and the former we believe, an ardent admirer and once a disciple of the celebrated Louis.

For ourselves, we have no doubt, that the pathological appearances, like the symptoms of the different forms of typhus, will be found to vary. In the more violent and malignant form of the disease, where death occurs in from three to five days, no structural lesions are formed, because there is no time for such changes to occur, while in the milder and protracted forms of adynamic fever, occurring during the same epidemic, we may find the ulcerations upon which so much stress has been laid.

The same fact, we imagine, will be observed in other forms of fever, structural alterations in important organs being the secondary effects, and not the cause of these maladies, and their *degree* and *duration*, influencing in a great degree, the post-mortem appearances.

Appended to the report of the committee on Practical Medicine, is an interesting paper on Ædematous Laryngitis, by Dr. Gurdon Buck, one of the surgeons of the New York Hospital, with a description of several cases of this rare disease, which were successfully treated by scarifications of the glottis and epiglottis. The paper is illustrated by well executed drawings, which add greatly to its interest, and is a valuable contribution to our knowledge upon the subject of which it treats.

Report of the Committee on Surgery. Dr. George W. Norris. Chairman.

The tone of this document is discreet and elevated; improvements in the methods of treating surgical diseases, and the desire to avoid mutilating operations, are regarded as evidences of substantial progress in surgery, rather than the multiplication of brilliant operations, the invention of a variety of mechanical contrivances, or the numerous slight modifications in the modes of operating, with which the Medical Journals abound.

The relative merits of lithotomy and lithotrity, claimed the attention of the committee, but they failed in procuring a sufficient number of facts from American surgeons, to enable them to give to it as full a discussion as was desired.

They have, however, presented a mass of facts upon this subject, more especially with reference to the results of the cutting operation, by American surgeons, which forms an exceedingly valuable addition to the statistics upon this subject. Among these is a tabular statement of all the patients cut at the Pennsylvania Hospital, from its foundation in 1752, to the first of May, 1848, with their results. In reference to the success of the operation of lithotripsy, in America, the committee had hoped to embody much valuable information, but the lamented death of one of their colleagues, Dr. Randolph, upon whose aid they mainly relied for this purpose, frustrated the design.

The cure of aneurism by compression, is next noticed, and all the cases from American sources, which the committee were enabled to collect, are reported.

Various subjects brought to the notice of the committee by answers to a circular which they issued, are also briefly reported.

A section of the report treats of anæsthetic agents, and presents

a brief history of the introduction of ether and chloroform into practice; with the results of the experience of American surgeons in their use, so far as the committee could collect them. This array of testimony in their favor is certainly strong, although not sufficiently decided to induce the committee unanimously to recommend them.

The judicious Chairman, Dr. Norris, is understood to be still opposed to anæsthetics, though it appears that he has presented no obstacle to laying before the profession the facts collected by his colleagues, in order that each reader may judge for himself, from the evidence presented.

Appended to this part of the report, is an elaborate and highly interesting paper on "anæsthetic agents; their mode of exhibition, and physiological effects;" by Henry J. Bigelow, M. D. of Boston.

Dr. Bigelow was among the first to introduce the subject of etherization to the medical public, and his practical experience of its effects has been abundant; while he has also investigated the physiological bearings of the question, with untiring industry, and in a spirit of philosophical research, worthy of its importance.

Report of the Committee on Obstetrics. Harvey Lindsly, Ch'n.

This report is occupied almost exclusively, with the question of the safety and applicability of anæsthetic agents in the practice of midwifery. A question, in our humble judgment, of paramount importance, and of itself sufficient to command the undivided attention of the committee. The observations of the committee are brief and concise, but to the point. They appear to be impressed with sanguine anticipations of the future success of these agents, in allaying the pains of labor, and producing other advantages as remedial agents in the practice of midwifery. An opinion which we think, is constantly gaining ground, as facts accumulate. As in the report on surgery, testimony is collected from a number of American practitioners, attesting the value of these agents in their hands.

Next follows an able report on Medical Education, with a series of resolutions, which were separately considered by the association, and which gave rise to much animated debate, especially among the teachers. But our limits will not permit us to touch upon this important topic, farther than to remark that the high

tone assumed by the association at its first meeting on this subject, was fully sustained in this report, and that already important improvements have been made by some of the Colleges in their schemes of instruction; and that others are projecting similar changes.

We would gladly close this hasty review of the volume before us, by an analysis of the racy and finishsd report of the "Committee on Medical Literature." But the materials are here so abundant, and the topics discussed, so suggestive of remark, that we must forbear. The reputation of Dr. Holmes, the chairman of the committee, as a scholar and a forcible writer, is fully sustained in this production, and the "summary retrospect" which he has presented American Medical Literature, constitutes a body of facts which will prove exceedingly valuable for future reference.

On the whole, we regard this volume of Transactions, as highly creditable to the association from which it emanated, and we look forward with confidence to a permanent series of similar works, which shall bear faithful record of the progress of American medicine. I. P.

Essays on Infant Therapeutics: to which are added Observations on Ergot, and an account of the origin of the use of Mercury in Inflammatory Complaints. By John B. Beck, M. D. N. York, 1849.

We have seldom met with a work of more practical value, condensed in so small a space, as that now before us; one hundred and seventeen small octavo pages, issued in plain pamphlet form, are devoted to practical remarks, which appear to be the result of the author's experience on the subjects indicated by the title of his book. Essay I. Is confined to the consideration of "the effects of opium on the young subject." Two well established and highly important facts in medicine, are made the basis of the author's objection to the free use of opium in the diseases of childhood, to wit: 1st, that it acts with greater energy on the infant than on the adult; and 2d, that it is more uncertain in its action, and consequently more dangerous. Several authorities are quo-

ted to prove the occurrence of death from the injudicious use of domestic medicines, very popular among nurses and mothers, such as Paregoric, Laudanum, Dalby's Carminative, Godfrey's Cordial, &c. &c. These medicines may be given in the ordinary approved doses, but produce death, on account of the peculiar susceptibility of the infant to their action. The brain and nervous system being much more impressible, and subject to derangement from the slightest causes, owing to the larger proportion of blood with which the brain is supplied, and hence the greater tendency to congestion of its vessels, under the influence of stimulating drugs; the difference of temperament in childhood, and "the state of the system as to disease," also modifying the effect of medicines. Dalby's Carminative, Godfrey's Cordial, &c., in the author's opinion, should be entirely banished from regular practice, on account of the sanction which is thus given to them, encouraging non-professional persons to employ them without sufficient judgment, We do not see, however, why these preparations may not be *confined* to "regular practice," and still be made useful in the treatment of infantile diseases, in careful and judicious hands. So far as our own observation and experience extends, paregoric and laudanum are much more freely used in domestic practice, and do a greater amount of injury in inexperienced hands, than the combinations referred to; but because of this evil, we should regret much to see their use discontinued. The evil consists in not confining all these articles to the "regular practice," except under very implicit directions as to the propriety and manner of their administration. We should give our patients the same instructions in regard to the use of these valuable medicines, as the author does in the following extract from his work on the uses and doses of opium.

"In very young subjects, we should never begin the use of this article, except in *very small doses*. Although most practical writers lay down cautions about the use of opium in these cases, yet it does not appear to me that these cautions are sufficiently precise. Most of the writers to whom I allude, specify doses as suitable to certain ages, without stating, that even these doses, may, in certain conditions of the system, prove just as injurious as much larger doses. To illustrate, I will quote the directions given by one of our standard authorities. Dr. Dewees says, 'the proper dose of laudanum for infants and children, may be reckon-

ed at the following rates. - Half a drop for a child under ten days old; a drop, for one from that period to the end of the month; a drop and a half, or two drops for one from that period to three months; three drops from this to nine months, &c. &c.' 'When laudanum is to be used as an injection, we may safely increase the quantity three or four fold.' He adds, 'These doses are prescribed for children who are altogether unused to this drug; the power of bearing more, may be rapidly increased by habit.'* Now it appears to me that a more dangerous set of directions could not well have been given. Although many children may bear the quantities here specified without injury, yet every now and then a case will occur, in which the most serious results will follow; and it is against these that the necessary precautions should always be taken. In the case of a new-born infant, we are entirely ignorant of the manner in which such an article as this will affect it, and it therefore will not do to begin with *average* doses, To practice safely, we must feel our way with doses much smaller; and then we shall have some guide, and the only guide which the nature of the case admits of, to make the necessary increase in the quantity to be given. Under no circumstances, as a first dose, ought half a drop to be given to a child under ten days—or a drop to a child during the first month. One-eighth of a drop is sufficient to begin with. The quantity, too, directed for an injection is too large. Instead of three or four times the quantity given by the mouth, as far as my experience goes, double the quantity is quite sufficient.

"The doses of opium should not be repeated *at too short intervals*. This, too, is a point which is not sufficiently guarded by some practical writers. One writer, for example, after specifying the quantity suitable for a child of two and three months, adds, that "this is not to be repeated in less than an hour." If this means any thing, it means, of course, that after the lapse of an hour, the dose may be repeated with safety. This, however, will not be sustained by experience. Even if a first dose does not narcotize, it frequently produces a degree of listlessness and indifference to food on the part of the child, which, if it be kept up by repetitions of the opiate, may eventually prove just as destructive. This is strikingly illustrated in those states of exhaustion from diarrhœa, where the due supply of nourishment is so essential to recovery. Where repeated opiates are necessary, the intervals between the doses should be long enough to enable the child to recover somewhat from the sedative influence."

In Essay 2—on the "effects of emetics in the young subject," after a description of the physiology of emesis, and the much greater susceptibility of the infant to the action of this class of re-

* On the Diseases of Children, p. 363.

medies, on account of the difference in the formation of the stomach, and the greater amount of pressure which it sustains from the surrounding viscera, a very important distinction is drawn between the character and effect of emetic medicines. The author deprecates the ordinary use of debilitating emetics, unless they are clearly indicated by the presence of acute inflammation. Tartar emetic and the different antimonial preparations should not be resorted to, when a simple emetic effect is desired. Ipecacuanha is more simple, and in the majority of cases, equally efficient; it lacks the sedative and irritant powers of the tartarized antimony, and is a *safer* remedy. The same objections are urged against the indiscriminate use of antimonial wine, Coxe's Hive Syrup, &c., in domestic practice, as against Dalby's Carminative, &c., under the head of opium. The effects of mercury on the young subject are treated of in the third Essay. The author believes this remedy to be much abused in the treatment of infantile diseases, and controverts the popular notion, that because it does not produce salivation it is an innocent remedy; the absence of this effect is maintained as an argument why the drug should not be so indiscriminately used, as its influence is most likely to be expended upon other portions of the system, to the detriment of the constitution. The importance of mercury as a remedy in the diseases of childhood, is however freely admitted and sustained, as in the following paragraph.

"In many cases, nothing can supply its place, and its judicious use has been, and is, the instrument of saving multitudes of lives. Notwithstanding, however, the many cautions to the contrary, it is to be feared that the use of it is still too general and indiscriminate. Indeed, the amount of it which is taken by the human race in one way or other, is incalculable. What is given by regular physicians, is perhaps the smallest quantity. If the public really knew how much of this article is swallowed unknown to themselves, in the shape of bilious pills, worm lozenges, and the white powders* of the Homœopaths, they would be amazed at their credulity in deserting their old medical advisers, because they have the boldness to give them an occasional dose, and the honesty to tell them so."

We had intended to notice the principal points in the Essays,

* Several cases have occurred in which these white powders have caused salivation.

upon the effects of blistering and blood-letting on the young subject, but as our limits will not admit of extended remark, we pass them by, to refer to the "Observations on Ergot," which is the subject matter of Essay No. 6. The question whether ergot possesses any such property as is generally ascribed to it, is first considered, and the discordant statements of different authors and observers compared, by which it appears that ergot does possess the power of producing uterine contractions both at the full period of gestation, and anterior to that time, and that when it has failed to act at all in the hands of some practitioners, it has probably been owing to impurity of the drug, as the time of year in which it is collected, the character of the soil, and other circumstances, materially affect its power and efficiency. It is also stated, that more still-born children have been brought into the world under the use of ergot, than by any other means.

After fairly stating the experience of observing practitioners of this country and Europe, upon the subject, the author sums up the matter in the following pertinent observations:

"To what extent are we justified in using ergot? If there be any truth or force in what has been said in relation to the effects of this article on the child, the answer to this question is obvious. In a professional as well as moral point of view, we have no more right to trifle with the life of the child than we have with the life of the mother. When, however, from the nature of the case, it becomes manifest that the life of the mother is in danger, we are not merely justified in using, but it is a positive duty to do so, every means to save her, disregarding every consequence that may result to the child. Now it is for such contingencies, that I conceive that ergot ought to be reserved. It should accordingly, I think, never be used except in cases where nature is incompetent to a safe delivery. By too many, it is to be feared, it has been, and is still used merely as a *time-saving* agent. Than this, I cannot conceive of any practice more unjustifiable and reprehensible. As a general rule, nature is competent to a safe delivery, and we may rest assured that the best plan is to leave her alone to accomplish the work. Artificial and violent interference, whether it be applied in the shape of instruments or by the use of ergot, cannot but be improper."

We incline to the opinion however, that future experience with ergot will establish the soundness of the opinion that it ought not to be used at all to facilitate labor. The improvements which have been recently made in the construction of forceps, and the much

greater facilities that are placed within the reach of students, to become acquainted with the *mechanism* of labor, will, we believe, add greatly to the testimony in favour of *instrumental* aid in difficult parturition. We would not however, abandon the use of this agent entirely. In uterine hemorrhage, succeeding labor, it is a valuable remedy. In diseases of the womb, when the cavity is distended by polypus or other morbid growth,we believe ergot might be administered with advantage, on account of its spceific tendency to produce uterine contractions, and thus expel the contained mass to the view of the surgeon; but as a means of facilitating labour, we believe it possesses no advantages over properly constructed instruments.

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, FIRST MONTH, (JANUARY,) 1849.

NEW JERSEY LUNATIC ASYLUM.

We recently visited this institution in company with several of our medical brethren, and though our time was not sufficient to make as thorough an inspection of the house and inmates as was desired, still we were much gratified with the plan of the building, and with the cleanliness and order which prevailed in every department. Most of the patients appeared contented, or as much so as their condition would allow; and their accommodations bespoke a liberality on the part of the managers, of which the state and the profession may be justly proud. The fact that hospital treatment is the only efficient treatment for persons afflicted with insanity, has long since been established by the experience of the most accurate observers. However judicious may be the prescriptions of the private practitioner, the moral discipline and hygienic appliances which belong to a well constructed and well conducted Asylum, are necessary to a speedy and permanent cure; this truth is now admitted by the public mind—out of it grew the liberal expenditure of the public money for the erection of our Asylum; and now that we have it completed, it becomes the duty of physicians in a particular manner, to give it their hearty support by combating whatever wrong impressions may be exhibited in the conduct of the people, state or county authorities, with reference to its management and discipline. We are aware that in some sections of the state there is an idea prevalent, that the institution is an expensive one, and hence the spirit of opposition is already on the alert, to mar the success and prosperity of this noble monument of New Jersey benevolence. The objection, so far as we are informed, is mainly urged by town authorities, and county boards, who have charge of the insane paupers of their re-

spective neighborhoods, and who assert that if these persons can be maintained at a charge of one dollar per week, in the county house, it is an improper and unwarrantable waste of the public money to pay three dollars per week for their maintenance in the Asylum, the argument we consider unsound, because the amount of cost requisite to keep such persons in a manner which promises recovery, is actually less than the cost of maintenance in such a manner as to shut out the hope of restoration; for it is a well known fact, established beyond cavil, that the curability of insanity is in proportion to the amount of moral labor and discipline that are brought to the aid of judicious physical treatment. It is no doubt true, that many of our insane paupers are incurable, but we believe there are those among them who are susceptible of great improvement, if not of perfect recovery. It is a lamentable fact, that there are numerous examples among them, of persons who have once enjoyed the advantages which a competence or even wealth are capable of bestowing, but who have been shorn of their intellectual strength by the relentless hand which deprived them of their means of support, and are at this moment pining away a miserable existence, while the ample beneficence of our state has provided for such, the means of comfort, and the hope of recovery. Restore to these persons a degree of ease and enjoyment allied to that which they once possessed, consider them not as prisoners, but as unfortunate friends who demand our warmest sympathy, treat them as belonging to the common brotherhood of man, give them the advantage of religious instructions, revive their drooping spirits by cheerful society and innocent amusements, secure their confidence by the vigilant attentions of faithful and gentle companions, re-establish their self-respect by surrounding them with the ordinary comforts of life; and their hidden energies will begin to come forth as light out of darkness; the fire of kindly feeling burning in the hearts of others, may kindle in their own the flame of reason, until they are restored again to home and society. But if kept in the county poor house, the very misfortune that occasioned the disease, will be made the instrument of its continuance.

We esteem it of the greatest importance to the success of our Asylum, that it should not adopt a low standard of prices; if it

should, an inferior system of treatment and but few cures will be the result. Insanity is a peculiar disease, requiring peculiar treatment, and the people should be *instructed* into the belief that the proportional number of insane persons will not be diminished, unless means are provided which are adapted to their cure; and that without a comparativeiy high price of board these means cannot be obtained.

It is true that there are institutions where a better class of poor house accommodations are given for a little better than poor house prices; but it should be borne in mind that the object in erecting an Asylum for the insane, is not only to separate this afflicted class from society, and render them harmless, but to fit them for its enjoyment again; and we believe that to be the most enlightened economy which supports the best treatment, inasmuch as by its aid, a larger number are restored to reason, and the possession of their ability for self-support. Let then, the medical profession be united in maintaining the standard at the highest point required for the best curative treatment, and New Jersey will gain the reputation of having the best managed, as she already has of providing the best constructed Asylum for this unfortunate class, in the United States.

WILLS' HOSPITAL.

On New Year's day we visited Wills' Hospital. We had not entered its familiar halls since the days of our pupilage, and it was gratifying to walk through its aisles again, and greet the various objects of its charity, as the means of cure were kindly dispensed by those who are appointed to minister to them. A number of medical students were in attendance from the various colleges of the city, to enter upon a course of clinical instruction, which was commenced on that day by Isaac Parrish, M. D., one of the surgeons of the institution. As introductory to the course, the Doctor gave an interesting sketch of the Opthalmic Hospitals of Europe, and of the origin and present condition of this institution. It was stated that it was founded in 1834, and was the offspring of the private benevolence of James Wills, a plain and unpretending citizen of Philadelphia, who, by a long course of in-

dustry and economy, accumulated a handsome fortune, most of which was bequeathed to charitable institutions. One hundred and twenty-three thousand dollars was the sum appropriated to the founding of a hospital for the lame and blind, under the direction of a board of managers appointed by the councils of the city. Although originally intended for the lame and blind, the hospital has, since its erection, been mainly devoted to the treatment of the diseases of the eye, and has acquired considerable celebrity as an opthalmic institution. At the time of our visit there were between thirty and forty patients in the wards, presenting almost every variety of disease of the eye, from a simple conjunctivitis, up to cataract, amaurosis, opacities of the cornea, &c. It was stated by the lecturer that there had been two hundred and twenty-five admissions during the year, and that two hundred and fifty persons had been prescribed for as out-door patients; a dispensary having been, within a few years, connected with the hospital. The institution is under the management of Drs. Hays, Littell, Fox and Parrish, who give clinical instruction during their several terms of service, to such students as choose to accompany them through the wards. Dr. Parrish also delivers a regular series of lectures on diseases of the eye, illustrated by cases under treatment, and by magnified drawings, to which the lecture referred to, was introductory.

An increasing interest is manifested by the students in this rising institution, and certainly, the facilities afforded here for the study of eye diseases, are unrivalled in this country. Not many years since, four or five students were all that could be found, out of the hundreds in Philadelphia, to avail themselves of these facilities, but we are happy to state, that at the present time, about fifty attentive observers are found at their post, who will never have cause to regret assuming the additional labor which an attendance upon this hospital requires. In the regular courses of instruction given at the medical schools, opthalmic surgery has never received its full share of attention. In the general hospitals, opthalmic diseases are but seldom presented, and the existence of an institution devoted to the cure of this class of diseases in Philadelphia, gives her an additional means by which she may maintain her ascendency as the great centre of medical

knowledge in this country. Her increasing size will render it necessary that she should have additional accommodations for her sick poor, and the great number of medical students who annually flock to her seats of medical learning, seem to demand that she should provide them with ampler means of instruction. There is a novel feature in the arrangements for teaching in this institution, which is well worthy of notice, viz: its doors are open to physicians and students without charge. We have obtained from our brother the following extract from the portion of his lecture which refers to this subject. After speaking of the importance of cultivating this neglected branch of surgery, he remarks, "Animated by this desire, it has been the wish of my colleagues and myself, that the doors of this institution should be thrown open to the admission of students, that the advantages which it may furnish for clinical instruction, should be freely participated in, by those who may feel the need of such a means of improvement. We are placed here as the administrators of a public trust, and we owe it to our profession and to humanity, to render it as extensively useful to the medical public, as the safety and comfort of those committed to our care will admit of. Participating in the sentiment put forth at the late meeting of the National Medical Association, held at Baltimore, that 'every system of medical instruction is defective and erroneous, which does not rest on the basis of practical demonstration and clinical teaching;' we are determined that no effort shall be wanting on our part, to render our institution subservient to this purpose, so far as its limited size, and the number and description of cases introduced into it, will enable us to add to the means of diffusing knowledge. I may further add, that this desire is warmly seconded by the intelligent and liberal board of managers, who preside over the interests of the hospital, and that they have never thrown any obstruction in the way of clinical teaching here."

This fact speaks well for the liberality of the managers, and of the distinguished surgeons who give their time and talents not only to the cure of diseases, the study of which has been much neglected by the profession, and by teachers of medicine, but to the diffusion of the knowledge they may obtain by their experience in this institution. All seem to be united in making their

instructions as simple and practical as possible, by divesting themselves of much unnecessary detail in the description of eye diseases, and of all needless show of hard names, which so crowd the works of some writers, particularly of Germany, and which so embarrass the student. We wish success to the institution, and that those who are connected with it, may continue to be more and more diligent in the diffusion of knowledge on this neglected branch of medical science, as their means and opportunities increase.

The Ohio Medical and Surgical Journal, edited by John Butterfield, M. D., Professor of the Practice of Medicine in the Starling Medical College.

We welcome to our list of exchanges a new Medical Periodical with the above title. It is the offspring of the young and promising Starling Medical College, at Columbus, Ohio. The first and second numbers are replete with useful matter. Each number contains 96 pages, and will be issued every alternate month, at two dollars per annum.

INTRODUCTORY LECTURES.

The usual variety of introductory lectures have been received from the medical schools of New York, Pennsylvania, and Ohio, but our time and space forbid more than an acknowledgement of their receipt.

ERRATA.

In the memoir of Dr. Cochran, in the last number of the Reporter, read for *Doctor* General of the hospital, at page 27 *Director* General, &c.

ECLECTIC DEPARTMENT.

Extract from the Report of the Committee on Practical Medicine, read before the National Medical Association, at Baltimore, 1848.

1. "*Of the Symtomatology of Typhus and Typhoid Fever.*—In essential fevers there are a few symptoms which are common to them all; and to these symptoms are added, in particular fevers, certain phenomena which arise in the progress of the morbid movements that mark their special form and character. Now, among the leading symptoms, mostly of the latter description, observable in typhus and typhoid fever, are the following: great prostration of the sensorial and muscular energies, cephalalgia, disagreeable dreams, somnolence, delirium, coma-vigil, deafness, aphonia, stupor, subsultus tendinum, picking of the bed-clothes, and at imaginary objects in the air, small, frequent and feeble pulse, pungent heat of skin, petechial eruptions, sudamina, dry and brown or black fur on the tongue, accumulations of dark sordes on the teeth and gums, epigastric pain, tenderness of the abdomen, gurgling in the intestines, diarrhœa, meteorism, hemorrhage from the nose and bowels, and retention of urine.

"Though such are the phenomena which occur in typhus and typhoid fever, yet all of them may not present themselves in every case; but it is observable that many of them, and especially those attendant on the last stage of fatal cases, are developed consecutively and in various degrees of force, in every individual example of both diseases.

"Now it is among the phenomena enumerated, that we must seek for the diagnostic symptoms of the two diseases, if any such phenomena exist. If the diseases be specifically different, they should respectively present certain pathognomic or characteristic symptoms. If they possess no such symptoms, nor any other diagnostic phenomena, they are obviously not distinct disorders. But let us examine the symptoms with a view to ascertain how far they indicate diseases different in their nature.

"It is generally admitted that there is much variety in the symptoms of the premonitory and successive stages of typhus; and a similar variety, it is acknowledged, occurs in the corresponding stages of what is called typhoid fever. The incipient symptoms are often, for the most part, precisely the same in both maladies; and in whatever subsequent parallel stages we examine the two disorders, we find no signs by which to distinguish them as different *species* of fever. If in the several periods or stages of typhus we observe particular combinations of symptoms, we find the same

combinations in the several periods of typhoid fever, Phenomena which are usually present in typhus are sometimes absent, or but slightly developed; and the same is true in typhoid fever. The constitutional phenomena in the latter disease are grouped, and transformed in the same manner as are those which occur in the former. So far then as the general symtomatology of these diseases enables us to form a judgment, they are essentially the same. This conclusion, it is believed, might be sustained by an appeal to numerous cases recorded as genuine examples of typhus and typhoid fever.

"The phenomena on which the advocates for the distinctive nature of typhoid fever mainly rely in forming their diagnosis, are, it appears to us, totally insufficient to establish the *specific* character of the disease. The more important of these phenomena are lenticular rose-colored spots on the trunk, chiefly on the anterior part of the abdomen and chest, sudamina, gurgling in the right iliac region, tenderness of the abdomen, diarrhœa, meteorism, enlargement of the spleen, and epistaxis. But which of these phenomena does not occur in typhus? In regard to the size, color, situation, and time of appearance of the eruption, there is nothing remarkable in the one disease which is not equally so in the other. The eruption in typhus, though among the characteristics of the disorder, is variable in size and color; sometimes it is of a rose hue, but frequently violet or purple, at one time persistent under pressure, and at another evanescent. Such were the varieties of the eruption in the cases of typhus, treated under the direction of one of your committee, in the New York Hospital, in June, 1840, and at various times in subsequent years,—cases of the identical nature of which there was not the slightest doubt, all of them having originated from the same source; namely, the fever poison *idio-miasma*, generated in crowded emigrant ships. In no respect did the eruption differ essentially from that which occurs in dothinenteritis or typhoid fever. As to sudamina, they are common to various states and kinds of disease.

"It is well known that age, constitution and modes of life, climate, season, and especially epidemic influences exert a powerful agency in modifying the symptoms of diseases; and there is good reason to believe that to such causes, the varying forms and character of the eruptions in essential fevers are in a great degree attributable. In some seasons the eruption in typhus is absent in very many cases; and moreover, it is sometimes wanting in cases in which the Peyerian glands are extensively diseased. Dr. Elliot, one of the physicians of the Bellevue Hospttal, reports an instance in which 'Peyer's plates were much enlarged and deeply ulcerated,' and in which 'there was no eruption, nor any diarrhœa, during the whole progress of the case.'* Are not the rose-colored

* Annalist, vol. ii. p. 249; edited by William C. Roberts, M. D., N. York.

spots of typhoid fever, the primary forms or conditions of the petechiæ or maculæ of typhus? Professor Clark, one of the physicians of the hospital just named, says, that 'in the proportion of about one-half of the typhus fever patients, a *rose-colored* eruption occurs on the body, which frequently in the progress of the fever assumes apetechial appearance.* To elevate the shades of color, and the varieties of form of the eruption to the rank of diagnostic phenomena, indicative of distinct diseases, when the more striking and important phenomena are unequivocally expressive of an identity of disease, is a refinement which, it appears to us, no clinical observer can regard with favor.

"Nor are the diarrhœa and gurgling in the right iliac region worthy of consideration, as signs by which the affection called typhoid fever may be distinguished as a specific disease, or one different from typhus. These phenomena occur in cases in which the general symptoms of the two forms of disease, arising from disturbance of the nervous, vascular, and secretory functions, are the same, and which therefore indicate the affections to be one and the same. Gurgling in the bowels is common to many diseases; and as to diarrhœa it frequently occurs in fevers in which there is no follicular disorder of the intestines; and though it is generally present in dothinenteritis, it is sometimes absent. Dr. Sweet, late President of the New York Medical and Surgical Society, so well known for his devotion to pathological studies, in discoursing on the cases of ship fever, treated at the New York Hospital, at a meeting of that society on May 1st, 1847, stated that 'in the case in which the ulceration was most extensive, there had been no diarrhœa; in the other case with ulceration less in amount, though still considerable, the diarrhœa had been profuse.'† Similar remarks are applicable to the mateorism and tenderness of the bowels; they frequently occur in disorders different in their character, and are occasionally wanting in typhus and typhoid fever. With respect to epistaxis and delirium, they are totally destitute of any claim to the character of signs denoting a specific difference between the two forms of disease in question.

"But though the rose-colored spots, the diarrhœa, and gurgling in the bowels, the meteorism, tenderness of the abdomen, epistaxis, and delirium, taken severally, or any two or three of these phenomena combined, do not enable us to distinguish typhus fever from the typhoid affection of Louis, still, it may be asked, do they not, when collectively present, that is, when grouped together in the same case, indicate these diseases to be essentially different? In regard to this question it is to be observed, that, in discriminating fevers, the ablest clinical physicians place more reliance upon the uniform constitutional phenomena, as manifested in the morbid

* Transactions of the Medical Society of the State of New York, vol. vii. p. 59, 1848. † Annalist, vol. i. p. 389.

conditions of the nervous, vascular, and secretory organs, than upon those phenomena which are local and contingent. The former are esteemed the efficient, and the latter the accessory means of diagnosis. Are not intermittent and remittent fevers known and distinguished by their types and general phenomena, and particularly by the modes in which the phenomena are combined or succeed each other? In these forms of fever there is often inflammation or engorgement of particular organs, and yet, notwithstanding such complications, each of these diseases is readily recognized and distinguished. Even in yellow fever, the course and form of the general symptoms, springing from derangement of the nervous and vascular systems, are vastly more important as indications of the specific nature and distinctive character of the disease, than the symptoms immediately connected with the gastro-intestinal lesions. These latter, it is true, are sometimes valuable subsidiary means of diagnosis; and, indeed, are occasionally essential aids in deciding in doubtful cases; but, aside from the general phenomena, they would scarcely suggest the idea of yellow fever; whereas, the constitutional symptoms are, of themselves, sufficient, especially when the disease is epidemic, to show the true character of the malady. The same remarks, in regard to the symptoms depending on special organic lesions, are applicable to every other essential fever. In the contagious exanthemata it is otherwise. In these, the eruption is, with very few or no exceptions, a constant occurrence, and is therefore regarded as one of their leading diagnostic phenomena.

"Now if we examine the phenomena of typhus as described by English writers, and compare them with those of typhoid fever as described by M. Louis and others, are we not warranted in giving to the general symptoms a higher value as diagnostics of the special nature of these diseases, than to those which indicate an affection of the glands of Peyer? Is not typhus distinguished in all cases by the character and train of the general symptoms, rather than by any disturbance of the abdominal organs, indicated by tenderness under pressure, diarrhœa, gurgling in the right iliac region and meteorism? And is not the same true of typhoid fever? That such is the fact, in respect to the latter disease, there can be no question; for Louis and others have recorded cases as typhoid fever in which the symptoms of follicular disease of the bowels were obscure, or not conspicuous.

"Idiopathic fevers, then, are distinguished by the kind and character of their general symptoms; and by the mode in which these are grouped and successively developed. In comparing fevers with one another, the order of the occurrence, as well as the peculiarity of all the phenomena, should be observed. When this is carefully done, there is generally no difficulty in discriminating particular fevers. All cases of fever are to be considered of the same nature in which the constitutional symptoms occur in the

same order, and agree in their general features. The local, contingent, and minor symptoms, as well as the variations in the mode of attack, violence and duration of the morbid phenomena, indicate modifications of the disease, and nothing more. A physician practically versed in the diagnosis of fevers, on visiting the wards of a hospital in which the various species of essential fevers are assembled, will distinguish each particular kind of fever, not by tenderness of the abdomen, gurgling in the bowels, diarrhœa, and epistaxis—for these phenomena may or may not be present in fevers unlike each other—he will found his diagnosis on the type, and general course and peculiarity of the phenomena manifested in the nervous, vascular, and secretory functions. In individual cases, in which the type and characteristic symptoms of a special form of fever are not as fully and clearly developed as is necessary to settle the diagnosis, he will await their occurrence, inquire into the etiology of the disease, and avail himself of the light thrown on the nature of the malady by the occasional or contingent symptoms. Thus, in yellow fever—a disease usually well marked and distinguishable by a train of general symptoms, cases occur in respect to which a doubt may exist as to their true nature, until the appearance of black vomit, an event in itself of no value as a diagnostic of a specific form of fever, except when it concurs with certain diagnostics presented by the general system.

"Now in typhus and the typhoid fever of Louis, the morbid phenomena are so correspondent in the sensorial, vascular and other functions, and are so similarly catenated or related to one another from their accession to their termination, that the attempt to assort and group them, so as to make them express two different diseases, is a labor which, it appears to us, must fail to show any distinction which is found in nature and cognizable by practical minds.

"If such be a just view of the subject, in what light are we to regard the phenomena considered by Louis and others, as establishing a specific difference between the two forms of disease in question? To say nothing of the rose-colored spots, delirium and epistaxis, are not the meteorism, tenderness of the abdomen, gurgling in the intestines and diarrhœa, occurring in fever, simply indicative of abdominal derangement, in the same manner as cough, expectoration, and certain auscultatory signs denote a pulmonary complication, or as injection of the adnata, intolerance of light, headache and delirium, show encephalic disorder? The principal anatomical lesions in typhus are found in the three great cavities; and there are no reasons that would warrant the forming of a special disease of those cases in which abdominal symptoms are prominently developed, which would not equally justify the creation of new diseases of cases in which pneumonic and cerebral symptoms are predominant. If the term *abdominal* typhus, applied by the German physicians to dothinenteritis, be appropriate,

it may not be improper to apply the terms *thoracic* and *cerebral* typhus to those varieties of the disease in which the lungs and brain are the organs that chiefly suffer organic changes. These terms, so used, import special complications of typhus, but not distinct diseases.

"That every case described by Louis as typhoid fever was genuine typhus is, perhaps, doubtful; but that most of his cases in which he found, after death, follicular ulceration of the bowels were not that disease, he has, we think, failed to show by any diagnostic phenomena. Had no autopsies been made; the cases would have been considered, by every pathologist, as simple modifications of the typhus of England and other countries. In searching for novelties in pathological anatomy, it should be borne in mind that the evidence for and against the theory of the essential nature of fever vastly preponderates on the side of the former; and, consequently, all anatomical lesions are to be considered contingent or secondary. The anatomical alterations in typhus and other kinds of fever sometimes vary so much in different cases, that were one called upon to decide on the nature of the disease in a particular case, by inspection of the body after death, it would frequently be difficult, and sometimes impossible, to say of what *species* of fever the patient died. Now such an embarrassment, in forming a diagnosis, rarely occurs in cases in which the symptoms, during the normal course of the disease, are carefully observed. In the phlegmasiæ proper, a post-mortem diagnosis is, in general, not left in doubt, but is promptly and certainly attained.

"Upon the whole, it seems to us, that the ingenious attempts which have been made to establish a specific distinction between typhus and typhoid fever, by an analysis of the *symptoms*, have yielded no other profitable result than a lucid exhibition of the modifications which genuine typhus assumes under different circumstances of temperament, habits and modes of life, climate, &c. In no other light can we regard the able researches on the subject, by Louis and numerous other pathologists, in Europe and America.

2. "*Of the Morbid Anatomy of Typhus and Typhoid Fever.*—As, then, the *vital phenomena*, observed during the progress of the two forms of disease in question, lead to the conclusion that they are not specifically distinct in their nature, it seems that the opinion, that they are so, has arisen from the discovery of dothinenteric lesions in one form of the malady and not in the other. The theory which localizes the cause of fever in the stomach and intestines, so fashionable in the last thirty years, is obviously the source to which may be traced the distinction which is made between typhus and typhoid fever. Stated in a brief form, the theory, in relation to these diseases, is explicitly this; a fever with ataxic or adynamic symptoms in which the glands of Peyer and Brunner are tumefied and ulcerated is typhoid fever; and that a fever attended with similar constitutional phenomena, and in

which those glands are not diseased, is not typhoid, but some other species of fever. That Louis employs the fact of the non-existence of dothinenteric lesions in febrile cases, to prove that the disease is not typhoid fever, is shown in his work on yellow fever, in giving the diagnosis of which he specially distinguishes the two diseases anatomically, by the normal condition of the intestinal glands in one of them, and the constant alteration of them in the other.

"That there is a great and fundamental error in the doctrine which makes a specific difference between the diseases to which our inquiries relate, may, we think, be shown by adverting to a few of the anatomical facts and general arguments which bear directly on the subject.

"If a diseased state of the agminated and isolated glands of the bowels constitute the peculiar and essential *anatomical character* of typhoid fever, then certain other maladies considered by every observer as different in their nature, should be regarded as identical with that disease; for there is abundant evidence to show that in many instances of the disorders referred to, those glands are inflamed, tumefied or ulcerated.

"It must here be noticed that by the term *anatomical character* of a disease is meant, according to Louis, a morbid condition of organic lesion which invariably occurs in the same disease, and which, with certain other phenomena, distinguishes the disease from all others. Thus, in speaking of yellow fever, he says, "The red or black matter found in the stomach and intestines, not having been found *in all the cases*, it cannot be considered an *anatomical character* of that disease." But he adds, "it is not so with the alteration of the liver, which was more or less exactly the same *in all the cases*, and which for *that reason* ought to be considered as the *essential* anatomical character of the yellow fever of Gibraltar of 1828."

"Now, if we use the term *anatomical character* in the rigorous sense in which it is employed by Louis, are we not bound to consider every fever in which Peyer's glands are diseased or ulcerated as typhoid fever? No special form of lesion of the intestinal glands, analogous to the special form of lesion of the skin in small pox, is described as distinctive of the typhoid affection, for every morbid condition of them, except perhaps the tuberculous, is recognized in the disease.

"The truth is, disease of the glands of Peyer and Brunner, is in none of its forms, in the strict sense of Louis, an anatomical character of any one species of fever. It occurs in disorders unlike in their causes, and dissimilar in their character. It occurs occasionally in the different kinds of *koino-miasmatic* fevers, and also, now and then, in the contagious exanthemata. It occurs especially and most frequently in *idio miasmatic* or genuine typhus, and in febrile maladies which, in their progress become

adynamic, or, as it is usually and properly said, *typhoid*. It occurs more generally in typhus, in some years, and in some localities, and countries than in others; and when it occurs it is an effect or complication, and not the cause of the febrile disturbance of the system.

"If these statements be correct, and that they are so, might, we think, be established by abundant testimony, there are no solid reasons for considering the affection of Peyer's glands a feature distinguishing the typhoid fever of Louis from the typhus of England and other countries. We have already shown that these diseases are so similar in their symptoms, that they cannot by these means be rationally characterized as different species. Whatever variety of forms they exhibit in their general or local phenomena, they scarcely ever fail to manifest a unity of type and character; and consequently they should be regarded as the same disease. Indeed, as we have said before, were it not that post-mortem examinations had revealed a lesion of Peyer's glands, there never would have been a question as to their identity.

"With all the light which modern pathological anatomy has shed on the nature and complications of fever, and with all the aid afforded by researches, directed to the elucidation of the connections between the symptoms of fevers, and the structural alterations which occur in this class of diseases, can it be determined with a degree of certainty, approaching the exactness, with which we are able to announce the existence of a pulmonary or cerebral complication, that the glands of Peyer are diseased in a given case of fever? A high degree of probability that they are affected may be inferred from particular symptoms; but after all, nothing but an autopsy can establish the fact.

"That dothinenteritis occurs in genuine typhus is proved by the concurrent testimony of many physicians, who have enjoyed the most extensive opportunities of studying the disease, in all its forms and varieties of complication, and whose learning and talent for observation entitle their opinions to implicit confidence. While, on the other hand, it is shown by their inquiries that the intestinal glands are frequently affected in typhus; it is on the other, demonstrated that in the form of fever denominated typhoid, the follicular disease of the bowels is sometimes wanting. To cite all the proofs which might be adduced in support of these remarks, would require wider limits than the present occasion affords. The statement of a few facts, bearing on the points in question, will sustain what a greater number could not render more evident. And first, let us advert to the evidence of some European authorities.

"In no country is typhus more prevalent than in Ireland. The disease is there seen in all its varieties, symptomatic and anatomical; and it is to the enlightened physicians of that country that we are indebted for much valuable information in relation to the

nature of the disease. Dr. Kennedy, in giving an account of the typhus which prevailed in Dublin in 1837–38, says: 'The only post-mortem appearance that was at all constant, was congestion of the vessels of the membranes of the brain.'—'But if this epidemic typhus was not characterized by any uniform or constant pathological changes, it was very remarkable for the almost total absence of those abdominal lesions which have been regarded by some as the invariable attendants of typhus fever. Indeed, in this respect, this epidemic affords a striking and conclusive refutation of the false and hasty generalizations of the French pathologists on this subject. In this respect, also, it differs altogether from the epidemic fever of 1826, (which the writer had an ample opportunity of investigating while in charge of fever patients, supported at the expense of the government, at the Meath Hospital that year,) in which in a *large proportion* of the post-mortem examinations made by him, more or less disease of the glands of Peyer was found.'* The typhus epidemics here brought into contrast by Dr. Kennedy, happily illustrate a well known law of epidemics, namely, that the same popular disease varies in its form and anatomical lesions in different years and seasons. There can be no question that the two epidemics of which he speaks were essentially the same in their nature, and the difference in the condition of the intestinal canal in the two epidemics was incidental, certain influences in 1826 operating to produce 'in a large proportion' of the cases, 'more or less disease of the glands of Peyer;' whereas, in 1837–38, the analogous modifying influences occasioned scarcely any organic changes in the bowels, but chiefly a different complication, 'a congestion of the vessels of the membranes of the brain.'

"Dr. M'Cormac, of Belfast, who evinces in his work on fever great familiarity with the diseases of Ireland, after minutely describing the various changes which take place in the aggregated and solitary follicles of the intestines, remarks: 'That exanthem, if we may call it so, does not present the regular phases seen in small-pox; it may exist during the greater portion of the disease, and even after the fever has terminated.' And he adds, 'after what I have said, I need hardly repeat again, that together with its results, it is only an occasional contingency in fever, and seemingly more frequent on the continent than in this country—from what cause, however, if it be this, I do not pretend to say.'

"Dr. Stokes, of Dublin, than whom there are few physicians more capable of arriving at correct conclusions on pathological subjects, regards 'typhus as an essential fever which affects in an especial manner in different cases, and *during different epidemics*, either the head, the chest, or the abdomen.' He alleges that 'the

* Medical Report of the House of Recovery and Fever Hospital, Cork Street, Dublin. By G. A. Kennedy, A. M., M. D., Dublin, 1839.

ulcerations of the intestines so much insisted upon by the French pathologists, are neither of constant occurrence, nor are they characteristic of the disease; in one epidemic they are found on dissection, much more frequently than in another."* Dr. Graves, the able colleague of Dr. Stokes, at the Meath Hospital, entertains the same view of the nature of typhus.

"In accordance with these opinions, are the extensive observations made in England, recorded in the writings of Drs. Hewet, Tweedie, Copland, Southwood Smith, Marshall Hall and others. All these concur that the glands of Peyer are frequently the seat of anatomical changes in typhus.

"Similar investigations in Scotland have established the same facts in regard to the pathological anatomy of the disease in that country. Dr. Davidson in his Thackeray Prize Essay on typhus fever, gives a table showing the number and kinds of lesions observed in the post-mortem examinations of sixty-three eruptive cases admitted into the Glasgow Fever Hospital, from May 1st to November 1st, 1839, from which it appears, that enlargement of Peyer's glands and ulceration of the intestines were present in many cases.

"These are but a few of the evidences of the occurrence of dothinenterite lesions in the typhus of Great Britain and Ireland. But it may be said that the pathologists of these countries confound diseases which are specifically different; and that this is owing to their mode of studying the phenomena not being so minute and philosophical as the method pursued by the physicians of France. If the French make distinctions where the English do not, are we to accord to the former superior powers of discrimination? The English, Scotch, and Irish physicians have given evidence of talent and industry in the investigation of febrile pathology not surpassed, we think, by the medical men of any country. They have patiently examined the grounds upon which their continental brethren have drawn a line of distinction between typhus and typhoid fever; and, having done so, they deny that there is any foundation in nature for it. Dr. Davidson, who it is believed, expresses the general opinion of British physicians, says, 'would it not, therefore, be refining our classification beyond all precedent, to separate typhus and typhoid fever with two species, where it has been shown that the symptoms in both are the same, or very nearly so, that they have nearly the same laws, as far as these have been ascertained; that the severity of the symptoms in both is not in proportion to the lesions of the intestinal follicles; and that the other complications of both are similar, although *various in the same place at different periods*, while the only characteristic in dispute has been acknowledged not a constant, and

* Medi 71.

therefore not a necessary element for the existence of the disease.'*

"Such, then, being the opinions of physicians practising in the British Islands, it becomes a question of curious interest, if nothing more, to learn what impressions have been produced on the minds of those who, conversant with the typhoid fever of Paris and other continental cities, have personally compared this disease with the British typhus. Dr. Lombard, of Geneva, so often quoted on this subject, during his visit to England, Scotland, and Ireland in 1836, examined several cases of typhus, two in Dublin, and one in Glasgow, and finding the symptoms similar to those of the typhoid fever of the Continent, with which he was familiar, expected to find after death the usual dothinenteric lesions; but, on examination, to his great astonishment, no such lesions were found. He says, 'in the whole course of my experience I have met with nothing which has surprised me more than this occurrence; I had been for years engaged in the study of typhus fever, and for years my almost daily experience in the dead-room led me to associate certain lesions of the alimentary canal with the symptoms of this disease, when suddenly I find myself assailed by a new experience exactly contradictory of my former; nor was my new experience unconfirmed by that of the Glasgow or Dublin physicians.' With such facts before him, to the question, 'whether the two diseases are different or the same?' he answers: 'I cannot allow that they are specifically distinct, and consequently I am almost forced to give up the opinion that the local changes of structure are of paramount importance in causing or producing the symptoms that accompany this type of fever.'† Though Dr. Lombard subsequently resumed the opinion that the two diseases are different, it appears to us he did so without sufficient reasons.‡

"In the following year, 1837, Dr. Staberoh, of Berlin, made a visit to Great Britain and Ireland, and for six months devoted himself to the study of the fevers of those countries. His intimate acquaintance with the typhoid fever of Paris especially qualified him to compare the diseases in question; and, after doing so, he concluded, that though in many cases the British typhus wanted the follicular lesion of the bowels, the disease was the same as the typhoid affection of the continent.§

"To the above authorities in favour of the identity of the two forms of disease, we must not omit to add that of M. de Claubry, whose able and elaborate investigations of the subject were published in Paris in 1844. His assemblage of facts, and the inferences he draws from them, seem scarcely to admit of being rationally controverted.

* Thackeray Prize Essay, p. 80. Appendix, British and Foreign Review, No. 22.

† Dublin Journal of Med. Science, vol. x., p. 19, 22, 23,

‡ Ibid., p. 101. § Ibid., vol. xiii., p. 426.

"It thus appears that there are many of the more eminent pathologists of Great Britain, Ireland, and other European countries who concur in the opinion that no essential difference exists between typhus and typhoid fever. Their observations, however, establish the fact, that dothinenteritis frequently modifies the character of typhus; and that this complication is more common in some seasons and some countries than in others—a circumstance referable to causes which, though obscure, are clearly adventitious.

"The necroscopic researches in this country have afforded no satisfactory evidence of there being a specific difference between the forms of malady under consideration. On the contrary, the facts already spread before the public, as well as those daily accumulating in our hospital registers, when carefully analyzed and compared with the phenomena of the typhus and typhoid epidemics of other countries, show that these diseases are one and the same. Cases presenting the same general features, the same nervous, vascular, eruptive, and other phenomena, and springing from the same efficient cause, are found to differ merely in their complications, one case exhibiting after death, various anatomical changes, particularly alterations of the glands of Peyer and Brunner, and others showing no such alterations.

"The strongest testimony, as it appears to us, yet adduced on this side of the Atlantic in favor of the opinion of the non-identity of typhus and typhoid fever, is that furnished by Dr. Gerhard, of Philadelphia. This gentleman has described in the *American Journal of Medical Sciences* for 1847, two epidemics, occurring in that city in different years, one of which he designated typhus, and the other typhoid fever. In speaking of the former (typhus,) he says, 'In this large number of autopsies, amounting to about fifty, there was but in one case, and that doubtful in its diagnosis, the slightest deviation from the natural appearance of the glands of Peyer.' In the epidemic which he denominated typhoid fever, it appears that Peyer's glands were generally affected, and hence he inferred that, notwithstanding the similarity of the general symptoms to those of typhus, that the malady was not typhus. Now, if what has been said of the variety of complications which the same epidemic disease assumes in different years, be true, is it not fair to conclude that the differences in the morbid anatomy of the two epidemics described by Dr. Gerhard were due to incidental causes; and that the two epidemics, were the same disease modified in different seasons, as in the instances mentioned by Dr. Kennedy, and adverted to by Drs. Stokes and Davidson?

"The post-mortem examinations made at the New York Hospitals, during the last year, might be deemed sufficient, apart from all other testimony, to establish the identity of typhus and typhoid fever. In the cases of ship fever, a pure form of typhus, a disease unquestionably originating in every instance from the same poison, follicular disease of the intestines was found after

death in some cases, and not in others. Dr. Stone tells us, in the *New York Annalist*,* that, in four weeks, ending May 12th, 1847, there were admitted into the Bellevue Hospital about four hundred and sixty-six cases, sick of typhus; and he says that 'the most constant anatomical lesions which I have found in the examination of about twenty-five of those who have died, is an enlargement and softening of the spleen. Peyer's glands were found more or less diseased in about one-fourth of these cases, and the heart more or less softened in a somewhat larger proportion.' The same gentleman, in another communication, published in the *New York Journal of Medicine*,† relating to the same fever, gives the following among his other conclusions, drawn from observations of the disease in New York and New England: 'That typhus and typhoid fever, so called, are identical.' Professor Clark, in illustrating the morbid anatomy of typhus, at a meeting of the New York Pathological Society, Feb. 23, 1848, stated, in reference to a particular hospital case, that 'the usual old typhoid lesion affected the intestines with the common appearance of the present epidemic.' 'This case,' he said, 'allies the present epidemic with the typhoid fever.‡ At a meeting of the same society, held March 8, 1848, Dr. Swett made the following interesting statement. He said, 'that fever had occurred at the Bloomingdale Lunatic Asylum, carried thither by an insane emigrant, and fifteen persons had been attacked with it. Nine or ten had come to the hospital, and two had been examined post-mortem. In the first there was no lesions of any kind: in the second, there were ulcerations of the small intestines.' 'Where the ulcers existed, instead of attacking Peyer's glands in the middle, they attacked the edges, extending two or three feet up the intestine, and then disappearing. Some had cicatrized, and some were cicatrizing. Both cases originated from ship fever in a very cleanly and healthy set of men; so that it seems as if the same poison might communicate to one ulceration, and to the other none.' Dr. Swett ingenuously added, 'that his belief in the non-identity of the diseases lessened daily, and he could not discriminate between cases presenting intestinal lesions (typhoid,) and those which did not (typhus.)§ Dr. Griscom, one of the physicians of the New York Hospital, states, that in ten autopsies of patients dying of ship fever in that institution, in July, August, and September, 1847, six presented follicular disease of the intestines. Peyer's plates were prominent in four, and ulcerated in two. Facts of this kind are so frequently observed in the New York Hospitals, that they have, in a measure, ceased to attract the attention of many physicians once deeply interested in their

* Vol. i. p. 383, No. for May 15, 1847. † Vol. x. p. 176, No. for March, 1848. ‡ Annalist, Vol. ii. p. 249. § Annalist, Vol. ii. p. 265, No. for April 15, 1848.

investigation, in reference to the question of the identity of typhus and typhoid fever.

"To the same conclusion tend the inquiries, relating to this subject, in other quarters of our country. A writer in the *American Journal of the Medical Sciences*,* in speaking, it is presumed, of the ship fever in Philadelphia, says: 'We have lately seen a great number of cases of fever in recently arrived Irish emigrants; the majority of the cases were well-marked typhus fever; a few were of equally well-marked typhoid fever; while, in a third class of cases, the characteristics of these two fevers were so completely blended that it was very difficult to determine which of the two predominated.' And he adds, 'here, then, we have persons who have been exposed to precisely the same morbific causes, attacked with fever of a similar type, bearing the characters in some of the typhoid fever, in others of the typhus, and in others again a union, as it were, of the characteristics of both. This fact would seem to prove, that the typhoid is a mere form or variety of the typhus fever.' He also remarks, that 'in the present state of our knowledge on this subject, it is, we conceive, much safer to consider the typhoid as one of the forms of typhus fever.'

"In view of the facts which have been stated, it seems to the committee that no reasonable doubt can remain that typhus and typhoid fever are identical. Were medical men united in this conclusion, might we not hope, that with undivided attention, and a union of effort, more rapid advances would be made in determining the causes of the morbid condition of the Peyerian glands and other organs which occur in some cases of typhus and not in others? On this subject we would, in conclusion, remark, that it appears to us, that the deposit of typhus matter, so called, occurs not only in the intestinal follicles and mesenteric glands, but also in and beneath the mucous membranes, in the lungs, spleen, and probably in the kidneys; that in some cases this form of epigeneses shows itself mostly, if not exclusively, in the intestines, in others in a different part, and in others again, in various tissues; that in some instances it is not discoverable in any organ; that in the typhus of some seasons and countries it is generally present in the intestines, and in others, absent in many or a large majority of cases."

JOSEPH M. SMITH, *Chairman.*

* No. xxix. p. 202, January, 1848.

Chloroform in Cholera.—Mrs. Smith, aged fifty-five, of bilious temperament, prone to diarrhœa, was on Monday last seized with all the symptoms of an attack of English cholera—vomiting purging, excessive spasm of the body and extremities, small rapid pulse, and insatiable thirst. The dejections were of a frothy character, resembling yeast, and the matter rejected from the stomach of the same nature. Recourse was had to the usual remedies prescribed in this disease, with strong terebinthinate stupes to the abdomen and calves of the legs, and injunctions given as to diet, &c. Having attended her before for the like symptoms, I prognosticated a favorable and speedy result. About three o'clock, on the following morning I was hastily aroused by her husband, as the patient had become much worse. All her symptoms had increased to an alarming degree; the spasm was universal and excessively violent, "as if knots were being tied in her bowels;" vomiting incessant; countenance livid and cold; articulation feeble, praying to be released from her sufferings. As all the medicines had been rejected, I thought it fruitless to continue them, but at once decided upon administering chloroform. A mixture composed of the following was prescribed:—

R. Chloroform gr. xiv.; aquævitæ (cogn)., oz. i.; aquæ distill., ad oz. vi. M.

A fourth part was given immediately, which had a partial but most satisfactory effect: an abatement of all her symptoms was the immediate consequence. In two hours a disposition to a recurrence manifested itself, when a second dose of the mixture was administered, which entirely controlled all spasms, vomiting, and purging. She expressed herself "very comfortable," and fell into a quiet sleep. At nine o'clock I again saw her, and found her suffering only from some febrile symptoms, accompanied with much exhaustion. She was ordered cold rice and mucilaginous drinks, and had the chalk mixture with nitric ether prescribed. A dose of ox-gall (gr. x.) was given in the course of the day, which produced three bilious evacuations and some disposition to vomiting, which soon passed away. In two days she was declared convalescent. In 1832, when the cholera visited this place, my patient was attacked, but she declares her sufferings then were nothing in comparison with her late disorder. The two remaining doses of chloroform mixture were ordered to be carefully preserved in case she had any return of her symptoms. A daughter grown up, who had assiduously attended upon her mother, was on Wednesday evening seized in precisely a like manner, except that the dejections were more abundant and frequent; and the mother, without hesitation or appeal for advice, gave her the two remaining doses of the mixture. The same magic result followed; the first dose was only partial in its effect, but the second completely subdued the disease. When I called on Thursday, the gratifying announcement was made to me of the success of my medicine in a second case.

Perhaps I am not justified in calling these decided cases of Asiatic cholera, but the disease in its latter stage, in the case of the mother, assumed a much more severe type than our English form usually bears.

Without offering any remarks upon the *fons et origo* of the malady in its worst form, and with prospective fears for its soon visiting our shores, I am but too happy (in conjunction with Mr. Brady) in being able to report so favorably of a remedy which I believe only requires to be more extensively tested to be appreciated.—*London Medical Times, and Western Lancet.*

Treatment of Cholera.—Dr. Maxwell, of Calcutta, who has lately published a "Key to the Cholera," (he himself having had three attacks of the disease,) thus alludes to his recovery from the last attack. Our quotation commences after his description of the occurrence of the characteristic spasms.

"The thirst, however, became worse and worse, and I determined to relieve it at all hazards, and not add misery to death. Having made up my mind, the next point was to choose the particular beverage; there was plain water, whey, and barley-water, gruel, congee, &c., wine and water, brandy and water, &c. To the last of these I had a repugnance, as every one has in full-formed cholera, and the others would require time and direction for their preparation, which my disease was not able to afford, or I to give. Whilst thus ruminating, my eye accidently fell upon a packet of effervescing soda powders standing among a crowd of other remedies and nostrums on the table. It immediately struck my fancy; it struck me as the very thing I wanted, and without further delay, I pointed to it, and made signs for a copious draught thereof. It was soon made, and soon swallowed; it was extremely refreshing and agreeable, and the thirst was allayed; no nausea succeeded, and the pleasing anticipation remained of having a repetition of the draught whenever I desired. This I was not long in desiring; in fact, almost immediately after I swallowed another, and continued repeating it whenever the thirst became urgent. Instead of retrograding or remaining stationary, I began to improve; the stools became easier, and the spasms less vigorous and vicious.

"I experienced an inclination to sleep, a desire to be covered up, and for something hot to drink (these are the best signs, they point out the disease escaping from the collapse stage.) I had a large tumbler full of very warm but weak brandy and water made, and drank it off. I fell asleep, and had five or six hours of sound repose. I awoke bathed in perspiration, and with the exception of a little stiffness and considerable thirst, I felt perfectly well. The thirst was again relieved by the effervescing draughts, and I followed up the principle with a couple of dishes of that most delectable and pre-eminent of all stomachics, tea."—*Medical Times.*

Kreosote in Erysipelas. By P. FAHNESTOCK, M. D., of Pittsburg. (Extracted from a letter to the Editor of the American Journal of Medical Science.)

"Allow me to state, that during a practice of many years, I have been in the habit of using kreosote in erysipelas of the face, (as well as on all other parts of the body,) in both its simple and phlegmonous forms, confining my local treatment to this article alone. And such has been the success of this treatment, that I have as yet to witness a case which has not yielded to it.

"In every case of local erysipelas, I immediately apply the purest kreosote, with a camel's hair brush, over the whole of the affected surface, extending it some distance beyond the inflamed part, and at the same time administering a dose of chlor. hydrarg., followed by a sufficient portion of jalap to insure free catharsis. This, in the majority of cases, is all I find necessary. But when the mucous membrane of the mouth and fauces is also affected, I pencil those parts with a strong solution of the nit. argent., say from drachm ss to drachm i, to ounce i of distilled water.

"In the phlegmonous form it will be found necessary to repeat the application more frequently than in the simple, with the addition of a bread and water poultice, applied nearly cold, and well sprinkled with water strongly impregnated with the kreosote, or a cloth, kept constantly wet with the solution, especially for the face.

"The kreosote when applied, should cause the parts to become white immediately. If this does not occur, it is not pure. Thus you will perceive that success depends upon having the best quality of oil. It is worthy of remark that the skin does not become in the least marked by the application, no matter how often it is applied.

"I was first induced to make a trial of this remedy, by a mark made by Dupuytren in a small pamphlet which fell into my hands, in which he supposed it might be a good remedy in this disease.

"The result of an extensive and exclusive use of this article in erysipelas, has induced me to place the most implicit confidence in it; and all I ask for the profession is a fair trial for it, confident that whoever once tries it, will abandon all other articles in its favor.—*Buffalo Medical Journal.*

Case of Amaurosis. By W. HENDREN, M. D., *Delaware County, Ohio.*

Called January 30th 1848, to see Mr. F., who was said to be almost blind and much deranged in general health. Received from him the following history of his case. "Three months ago,

while out at work, I felt a sudden dimness of sight—so much so, that with my right eye I could scarcely distinguish even the most familiar objects. This blur or dimness occasionally disappeared, but only for a short time. At length it increased so much that I became alarmed and called on a physician. At this time my eyes were somewhat inflamed and my general health declining. The Dr. bled me several times from the arm, cupped my temples, blistered the back of my neck, side of my face and temples, gave me a good deal of medicine (principally cathartic,) and directed me to observe low diet and keep in a dark room. Following this treatment several weeks, and finding myself only growing worse, I submitted my case to a Physician of some eminence. He stated my liver to be affected, gave me blue pill, and, as he said, to stimulate the nerve of my eye to action, raised the upper lid, depressed the eye-ball and touched it with caustic. This, instead of having the desired effect, produced an intense pain in the region of the eye, which has increased in extent and severity until the present time."

According to his description the pain commenced in the posterior part of the eye, shooting back into the head and along the temporal muscle and superior maxilla, causing an aching of the molar teeth. Becoming again alarmed, he called another physician who extracted three of the teeth of which he complained, but with no relief, and put him upon the use of quinine. No benefit resulting, he consulted other physicians who resorted to emetics, blistering his temples, put a seton in the back of his neck, &c., but the patient still became worse. At this time I was called and found him despairing of getting any help. I thought there was a chance for his relief, and accordingly commenced treating his case. His symptoms when I first saw him, were as follows: On entering his room I found him holding his hand on the right side of his head and groaning distressingly. He stated that the right side of his head, face and eye, pained him much, at times excruciatingly, and that for two months he had been unable to sleep night or day (the excess of pain was such) except a few moments at a time. He could see very faintly out of the right eye, by holding up the lid, which was paralysed, hanging loosely over the eye-ball. The eye was sunk considerably in the head, pupil contracted, iris motionless. When he could see at all, objects seemed double. The flame of a candle appeared sometimes split, at others lengthened. There was much more than the natural heat in the right side of his head, and a wasting of the temporal muscle presented an appearance as though the bone was depressed. There was some tenderness on pressure over the temple and external canthus of the eye. His gait was very unsteady, and in walking, he would reach out his left hand to seize objects, with which to sustain himself, the right hand being placed against the right side of his head. The left side was not painful, but the left eye looked

dull, and the sight was somewhat impaired. His general health was bad—pulse about 85, small, but slightly tense—tongue coated with a thick, white fur—skin harsh and dry, and a preternatural fulness in the right hypochondriac region. The vessels of the right side of the head and neck were fuller than those of the left, and there was more heat on that side. His appetite was capricious, and he was extremely nervous and dejected.

Treatment.—In the first place I opened the right temporal artery, and drew off about 16 ounces of blood, which, he said, relieved him some—gave him a full dose of pills composed of calomel and blue mass, equal parts, and a small portion of Ipecac. I also precribed a full dose of Dover's powder, to be taken at bedtime—next morning to take a dose of castor oil.

Jan. 31*st.* Dover's powder at night.

Feb. 1*st.* Rested better last night than he had done for two months—took a dose of pills at night composed of calomel and comp. ext. colocynth, with a small portion of Ipecac—Dover's powder at late bedtime.

Feb. 2*d.* Slept pretty well—medicine operated well. Put him upon the precipitated carb. of iron, 20 grs. three times per day—continued this for 3 days, with one dose of the above-mentioned pills and Dover's powder at night.

Feb. 6*th.* Felt much better—symptoms better, except the eye remained much the same. Continued the same treatment until the 10*th.* Diet light, farinaceous—not much change from the 6*th.* Increased the carb. of iron to 25 grs. every eight hours, also take one-fourth of a gr. of the extract of stramonium every eight hours, alternating with the iron. I stopped the Dover's powder, the condition of the surface being better—occasionally administered a dose of the last mentioned pills sufficient to keep up an action of the bowels.

Feb. 15*th.* Health much improved—eyes look better, but a good deal of pain in the right eye, side of the head, face and temple. Increased the dose of ext. stramonium to one half gr. taken at the same intervals. Same treatment continued until March first—prospect of recovery of health and sight very flattering. Continued the same course, except to gradually increase the stramonium; until by the 10*th* the dose was one gr., three times per day. At this date the left eye was entirely well, right much better—health still better. Ordered riding on horseback in pleasant weather.

March, 25*th.* Health improving—eye looks more natural—still some pain. Carb. of iron to be stopped—continue stramonium in the same way. Take of Fowler's solution, 10 drops three times per day, in the place of the iron.

April 10*th.* Perfectly well—right eye entirely restored—temporal muscle filled up so as to look natural—eyes perfectly sound—cure complete—says his health is better than it has been for four years.

This gentleman's case being a very interesting one, and having been treated by several skilful physicians without success, I deem it my duty to give to the profession the course of treatment which so happily succeeded.—*Ohio Medical and Surgical Journal.*

INFLUENCE OF QUACKERY ON HEALTH, MORALS, &c.

Remarks of Mr. Sanborn, of Hanover, in the New Hampshire Legislature, upon the Bill incorporating the New Hampshire Medical Botanic Society.

When the Portuguese navigators first doubled the Cape of Good Hope, in the 15th century, and coasted along the shores of southern India, the evidences of wealth and refinement which every where met the eye inclined them to believe that they had discovered a *christian* instead of a *heathen* country. The crew of the first ship that landed upon that coast visited a heathen temple. At its entrance they were met by priests, wearing beads, resembling the Catholic rosary, and holding in their hands vessels of holy water, which they sprinkled upon those who entered. Within the temple, they discovered numerous images, which they took to be those of saints. This completed the illusion, and they all prostrated themselves in an act of solemn devotion. But one sailor, being a little more considerate than the rest, before saying his prayers, raised himself to survey the interior of the temple, and observing that the images were grotesque and unsightly, having divers supernumerary hands and feet and other appurtenances not strictly human, he put in the following caveat before proceeding to his devotions:—"*If these be devils, it is God that I worship.*" I must confess that I approach this new temple of science which this bill proposes to rear, with similar feelings. I know not whether to enter its portals as a worshipper or a recusant; whether to offer incense upon this new altar, or bid defiance to the presiding divinity. If it be the real object of the petitioners to promote true science, I am in favor of the bill. If they propose to multiply the mis-called remedies for the cure of diseases, and thereby promote empiricism, I am opposed to the bill. The bill is so drawn that it does not reveal the *modus operandi* which the petitioners propose to adopt "for the promotion of medical and botanical science." But it is fair to judge of men by their works. Knowing the petitioners to be extensively employed in the manufacture and sale of vegetable medicines, it is reasonable to infer that the object of this bill is to increase their sales, give popularity to their business, and impart dignity and character to their peculiar profession. Whether they have fairly stated their object, remains for the House to decide. If a company of miners from Franconia

should come here and ask for an act of incorporation for the promotion of *mineralogy*, and, under the vague and general provisions of such a bill, should establish an extensive iron foundry and factories for the manufacture of all kinds of machinery, we should infer that they had obtained their charter under false pretences; and we should the more readily infer this, if the same corporation should proceed to the working of precious metals, mixing them with base alloys, and selling their spurious articles for pure gold and silver. Or if an association of speculators should obtain an act of incorporation for the promotion of the science of *chemistry;* and, under a charter thus obtained, should set up an establishment for dyeing and printing calicoes, and in addition should compound and sell all kinds of adulterated paints and oils, every reasonable man would say that they had abused their privileges and forfeited their charter.

The cases supposed seem to me to be precisely similar to the one now under consideration. The petitioners ask for an act for the promotion of science; they intend, as I believe, to manufacture and sell vegetable medicines, to be heralded to the world as the wonderful discoveries of scientific men acting under this new charter. I propose, therefore, to discourse at some length upon the influence of popular nostrums, for the cure of diseases, upon the *health, morals,* and *pecuniary resources* of the community. I trust that while I confine my remarks to charlatans and impostors, no gentleman will regard my discourse as personal to himself.

The most scientific physicians of the age admit that, in past ages, too much medicine has generally been administered to the sick. Excessive medication has been a fault of many practitioners of the healing art; and why? Simply because a large proportion of the diseases for which physicians are called upon to prescribe, are *imaginary*, and the patients really need no medicine. All physicians and metaphysicians agree on this point, that the imagination has an important agency both in the production and cure of diseases. The mind and body are so intimately associated that they mutually affect each other. Moreover, many real diseases are merely *functional* and not *organic* in their nature. They belong rather to the movement of the vital machinery than to its separate organs. For instance, a clock or watch may be perfect, in all its wheels, and yet fail to mark the time accurately, because it is not well regulated. So the human system may be sound and entire, in all its parts, and yet its healthy functions may be so deranged as to render the patient really *ill.* Now what does such a man need? Simply the advice of a competent physician, who may prescribe, perhaps, a change of diet, a change of place, new objects of attention, increased exercise, or some inert and harmless medicine to satisfy the demands of the patient. The existence of this great class of merely *functional* and frequently *imaginary* diseases, gives the homœopathist his wonderful success.

Being called, in many cases, where the patient needs do medicine, he administers an infinitesimal quantity, just to satisfy the demands of the sick, that "something should be done," and the man speedily recovers. Did any sane man ever persuade himself that the efficacy of a medicine is increased precisely as its quantity is diminished? and that the smaller the dose, the more potent is its influence? If the doctrines of the founder of homœopathy be true, an ounce of opium would convert Lake Superior into excellent paregoric, and the world might be supplied with soporific mixtures already *shaken* and fit for use, as long as time shall last. But Hahnemann was a deceiver and an impostor. His own language to a friend was—"I give medicines but very seldom, although I always prescribe small powders! I do this for the sake of keeping up in the patient's mind the firm belief that each powder contains a particular dose of some medicine! Most patients will get well by adopting a simple mode of living, and by placing a boundless confidence in their medical attendants." It is, no doubt, well for the patient to confide in the skill of his physician, and it is sometimes well to humor the patient's desire for a prescription, though no medicine be needed. In such cases, the most eminent physicians frequently administer some innocent substance, as a bread pill, or a little gum Arabic water, which usually proves successful.

Besides the imaginary diseases above alluded to, another large class arises from slight indigestion, or from occasional intemperance in food or drink. A man abuses his system by excessive eating, or by improper or innutritious food. He suffers from nausea, faintness and depression of spirits. At night he is troubled by bad dreams or incubus. Another, perhaps, has been too closely confined to a sedentary life, has inhaled bad air, and feels languid and feeble, experiencing what an old lady once denominated "a sense of all-gone-ness." What do such patients need? The first should *fast*; the second should "take up his bed and walk." But while they are suffering from a voluntary transgression of the laws of health, the advertisement of some nostrum vender meets their eye. It matters little what the medicine may be, it is adapted to cure any and every specific disease. Their symptoms are exactly described; thousands have already been cured, and respectable men certify to the efficacy of the offered remedy. They, too, are persuaded to try it. They take into the stomach, already enfeebled and needing rest—a stimulant, perhaps an active poison, which operates as a local irritant. The patient immediately feels better, and the next day is ready to certify to the wonderful efficacy of the new remedy, and perhaps on the day following he finds it necessary to resort to it "*yet again.*" The miraculous cure can be easily accounted for. The operation of the stimulant or local irritant is simply this. It has pleased the Creator to lay up in the store-house of the human constitution a vast amount of strength

and animal spirits, which remain latent while the system is in healthy and undisturbed action, but are developed by certain exciting agents and causes. This dormant energy may be waked to action either through the agency of strong passions and mental excitement, or by medical agents operating mechanically upon the delicate lining membrane of the internal organs. Alcohol and all the diffusive stimulants operate, in this way, upon the animal system. As most of the nostrums of the day contain alcohol, or some other poison or irritant resembling it in its effects, we may very properly illustrate the operation of patent medicines, by the well-known effects of alcohol. Alcohol, like other active poisons, is *indigestible;* and, of course, *innutritious.* No part of the system can assimilate it. When taken into the mouth its tendency is to corrugate its lining surface and produce a burning sensation in the organs of taste. It produces the same effect upon the stomach. It is taken up by the absorbents, and mingling with the blood, it moves in a fiery current through the arteries and veins, visiting in its course, the heart, the lungs, and the brain. Of course, the nervous system is greatly excited, and there is an increase of nervous energy, and consequently an increase of strength and animal spirits. The latent powers of the system are roused, and the machinery of life moves with an increased and unnatural velocity. This effect continues till the offensive fluid, being rejected at every portal of life within, is thrown off from the system by the emunctories and pores of the skin. Herein it operates as a deceiver. The weary man, or the sick man, drinks and feels refreshed. He is, as he believes, both brighter and stronger; while, in fact, he has only drawn in advance, upon that nervous energy, which is treasured up to meet the demands of the system in cases of emergency. Any of the violent passions would, when in action, produce the same result. Let a neighbor approach the toper just as he is about to raise the cup to his lips, and spurn him with the foot or buffet him with the fist, without provocation, and will not the insult make the weary man forget his fatigue? Will it not increase his strength as much as though he had swallowed the potation? No doubt it would; and the excitement resulting from the exercise of any strong passion would produce the same result, whether it be love or fear, jealousy or hate. But in the human constitution, as in physics, action and re-action are equal and in contrary directions. The unnatural excitement, from whatever cause produced, whether by alcohol, vegetable elixirs or passion, is followed by unnatural depression and consequent physical exhaustion. A man, by using artificial stimulants, may do the work of two days in one, and he will live two days in one; and this is the reason why drunkards do not live out half their days. The same is true of those who swallow large quantities of patent medicines, which usually contain some active poison. They operate as a stimulant or local irritant upon the already jaded

stomach, destroy its healthy action, and produce a chronic and incurable disease.

But it may be asked, if this be the ordinary effect of frequent medication by popular nostrums, why are so many cures announced? The answer is obvious. The sick recover in spite of the medicine, but would recover much sooner without it. Many of these boasted cures are only lucky coincidences. *Post hoc, ergo propter hoc*, is the great stumbling block of ignorant men. One event follows another in the order of time, the inference is that the consequent was the effect of the antecedent. Patrick called on his physician for a prescription for his wife. He was ordered to apply a blister to the chest. Pat having no chest in the house, applied the blister to the lid of an old trunk, and the wife *happened* to recover, and was ready to certify to the efficacy of the application. A few years ago, there lived in Vermont a medical prophet, who healed the diseases of patients at a distance, provided they sent him a minute account of their symptoms, *with the required fee*. A lady, residing in the county of Cheshire, in this State, who had for a long time been in ill health, had faith in the prophet. She besought a neighhour who was about to visit the residence of the prophet, to carry a letter detailing the symptoms of her disease. She inquired diligently the time when he would arrive at the place, that she might know whether her disease was affected by the power of the prophet. At the supposed time of his arrival, she began to amend; the next day she walked abroad, extended her walk the day following, and when the neighbor returned, was much improved in health. On inquiry, she ascertained that the faithless neighbor had never seen the prophet, and her unopened letter and money were returned. The history of charlatanry is full of such facts. It is no doubt true, that more than half the cases of illness that occur, would terminate successfully if no physician were called and no medicine were taken. These cases furnish the certificates of impostors.

The cure of the scrofula by the royal touch, the weapon ointment and sympathetic powder, in popular use about two hundred years ago, furnish testimony in point. For many generations, it was customary for the kings of England to lay their hands upon persons afflicted with the "king's evil," (so called,) and hang a piece of gold around the neck of each patient. The profligate Charles II. is said to have touched nearly one hundred thousand patients of this description, all of whom were essentially benefitted, except in cases of deficient faith. It will not be denied that the peculiar mental state of patients, in such cases, may have modified real disease, and perhaps, in some instances, removed it; still, the virtue resided in the *patient*, not in the *King*. The *unguentum armarium*, or weapon ointment, which was so popular for a time in healing wounds, was applied to the *weapon* and not to the *wound*. A similar use was made of the sympathetic powders, for

the relief of pain. A handkerchief or some article of apparel belonging to the sick was moistened with a solution of the powder, and the patient was relieved. Thousands were ready to testify to the efficacy of each of these absurd curative processes. So when Perkins's metallic tractors were in vogue, about 40 years ago, it is said that a million and a half of radical cures were announced as resulting from the use of these harmless pieces of metal. They were soon discarded by the public when it was ascertained that equally wonderful results were produced by tractors of lead or wood, with nails, pieces of bone, slate pencil and tobacco pipe. Then men forebore to pay five guineas for a couple of ounces of brass and iron! Surely the poet has well said :—

"The world is generally averse
To all the truth it sees and hears,
But swallows nonsence and a lie
With greediness and gluttony."

* * * *

"Surely the pleasure is as great
Of being cheated as to cheat."

The truth is, no man is proof against deception; and when the body is weakened by disease, real or imaginary, the mind suffers from sympathy; and under such circumstances, the most intelligent are easily duped by pretenders and quacks. Their medicines always promise more than any medicine, however good, could be expected to perform. It is safe to assert that there is not an advertised nostrum, in the market, which does not hold out false hopes to the sick. Every such advertisement is an imposition upon the public, whether it come from physicians regular, irregular or defective; and in the grammar of medicine, the latter class is very numerous. If one tithe of what the vegetable doctors assert were true, we might attain unto what the progenitors of our race would have secured by partaking of the fruit of the tree of life. We might "live forever." If the pompous assertions of the makers of cosmetics, washes for the face, and beautifying lotions, were true, we might have ladies beautiful as the houris, with the assurance of perpetual juvenescence. In a word, we might bid defiance to the darts of death, and the vegetable doctor might stand over the prostrate king of terrors, and exclaim, in triumph, "Oh death, where is thy sting?" and then turn to his patient, and in the language of Oriental adulation, exclaim, oh patient, "live forever!"

It is pretended that nobody is deceived by the professions of quacks. Every day's experience contradicts this assertion. The rich and the poor, the wise and the simple, are all occasionally deluded by these cheating, lying impostors. The human mind is so constituted, that we must confide in others. We are made to

trust each other; to believe the solemn declarations of our fellows. Without this mutual confidence, society could not exist; hence the abuse of it becomes the more odious. None are so credulous as the sick. They listen readily to the advice and suggestions of others. Fearing the ravages of disease, they eagerly lay hold of any hope, however delusive, which empirics may hold out to them. The extensive sale of vegetable medicines proves this. A few years ago, when Morison's vegetable life pills were so popular in this country, a suit was commenced in a court in Massachusetts, by Morison and Moat, against John K. Palmer, for selling a spurious article. It appeared there in evidence, that the proprietors had been so successful in England, as to be able to establish the "British College of Health," at an expense of two hundred and fifty thousand dollars, from which agents were sent into all the principal cities in Europe and America. The demand for these pills became so great, in this country, that the sale amounted to two hundred and fifty thousand dollars in a single year; and the seller of the spurious pills had disposed of one hundred thousand boxes, before he was arrested by the patentee. It appeared, furthermore, that this "British College of Health," with its high sounding name, had neither charter, professors, nor students; but consisted of an immense building in the suburbs of London, with appropriate apparatus for the manufacture of "Hygeian pills;" and that the proprietor was neither surgeon, physician, nor man of science, but an arch quack. What has become of this vaunted remedy, in the brief space of ten years? Gone, like thousands of its predecessors, to the shades of Erebus and old Night!

The fact that new nostrums remain popular only for a brief period, proves that their healing virtues, like the diseases they profess to cure, are *imaginary*. Each remedy has its brief day of glory, and is succeeded by a rival candidate for the popular applause. Each new invention has a two-fold office. It comes to bury the dead and herald a new race. Every fresh adventurer denounces all rivals as deceivers and impostors. These makers and venders of nostrums abuse each other like pickpockets. They wage upon every fellow quack an internecine war. Every member of the fraternity is an Ishmaelite to every other. On all sides it is war to the knife, and the knife to the hilt. The dead lie prostrate on many a hard-fought field; but it is the *patients* who die, not the *quacks!* But are we not bound to believe what these impostors say of each other? Who should know the tricks of the trade better than they? If we can trust their promises, we certainly are bound to credit their assertions concerning the fraternity. They warn us, "as *we value health*," to shun all prescriptions of quacks except their own; and this is done by every inventor of a new medicine. Look at the flaming advertisements of the rival Drs. Townsend, which stare us in the face from every

paper printed in Concord, together with a beautiful wood cut, representing old Dr. Jacob Townsend himself. These rivals mutually vilify each other. If they speak the truth of each other, no greater villains walk the earth, "unwhipped of justice." They both offer for sale a syrup of sarsaparilla. The old doctor says he has paid two hundred thousand dollars within the last eight years for advertising; and whence came this immense sum? We cannot suppose that any man would devote more than a tithe of his income to advertising; therefore the doctor must have been doing an excellent business in the sasaparilla line, for eight years. Indeed, Messrs. Allison & Gault, of this town, certify that they alone have sold over four thousand bottles of that article within the past year.

At the present day there is a great fondness for vegetable medicines. Anything having the prefix of vegetable to it, *goes down* with the multitude. Notwithstanding everybody knows that no new vegetable has been discovered, and no new properties have been detected in vegetables before known; still they confide in the assertions of cheats and knaves that the commonest herbs may be made sovereign remedies for "all the ills that flesh is heir to." It is equally well known that a majority of all the medicines in the pharmacopœia of the regular faculty, are of vegetable origin; and, that the most deadly poisons, such as destroy life almost at a blow, like a thunderbolt, are from the vegetable kingdom; still we are told that all vegetable remedies are safe, while mercury is the great bugbear of the many. But it has been proved, in courts of justice, where quacks have been arraigned for manslaughter, that pills, professing to be purely vegetable, have produced *salivation* in the patient. There are, perhaps, a score of infallible remedies for consumption; and, there can scarcely be a doubt that the only ingredient in them all, which serves to allay the irritation of a chronic cough, is *opium!* This for a time quiets the consumptive patient, and deceives him with the hope of recovery; but by frequent use of it, the strength is exhausted, and the system sinks under the repeated assaults of empiricism.

But of all the gross and palpable impositions upon the public credulity, the pretence that the Indians understand the healing virtues of roots and herbs is the most absurd and monstrous. Civilized and christian men having recourse to savages to learn science! It is, however, a notorious fact, that Indian "medicine men," as they are called, are the greatest impostors living. They surpass their civilized imitators. They "out-Herod Herod" in knavery. The whole system of practice among the Indians has always consisted in fraud and pretence. Catlin, who spent years among our North American Indians, constantly affirms this. They know literally nothing of the power of simples. They employ over the sick, charms, spells and incantations, and make use of amulets and consecrated medicine bags, as curative agents. Yet our scientific botanists go to these ignorant, besotted dupes of

superstition, to learn medical science! Sometimes a veritable Indian doctor appears among us, with more *brass* than *copper* in his face. He makes his prescription with great gravity and solemnity. He cuts his herbs and gathers his roots under the influence of certain astronomical signs! These signs, by the way, are but a relic of old astrology, as ancient as the Pharaohs, and have no more significancy for us than the worship of Isis. But our doctor regards the "stellar influence" in gathering his herbs. He strips the bark *upward* for an emetic, and *downward* for a cathartic. He steeps the whole in river water taken up in a peculiar way. I once heard of an instance where the whole process failed because the patient dipped the water up stream instead of down! "Because you see," said the learned doctor, "if the water be dipped up stream, it goes *agin* natur; if down stream, it helps *natur!*" Such are Indian doctors. *Ab uno disce omnes.*

Last, but not least, I mention the inventions of Thomsonians. To this class belong the petitioners. According to the system of farmer Thomson they practise medicine. This system everywhere discourages study, and encourages empiricism. Like Dogberry in the play, they not only hold that "reading and writing comes by nature," but medical science comes by inspiration, or accident. The founder of this system gained his knowledge entirely by experiment and chance. By accident he discovered the emetic properties of lobelia. He first administered it as a medicine to his own children for measles. On the rehearsal of this fact, one of his eulogists exclaims: "Hark! attention the universe! Momentous event! To his own child, when greatly debilitated, did Samuel Thompson administer, in November, in the year 1802, several portions of lobelia inflata as an emetic. Propitious moment, well worthy of being celebrated, could the exact time be ascertained, throughout all ages to come!" The philosophy of this great man was truly simple! He says—"the component parts of all animal bodies are earth and water. These are the solids; fire and air are the fluids. Death and life are cold and heat." This is all very natural, very artless, and clear as mud! But it is as difficult to see the bottom of a puddle as of the ocean; hence, by a figure of speech, we may denominate this bold theory, *profound.* Medical practice is greatly simplified by his newly pothesis of disease. "Disease," says he, "is a unit, having one common and general cause, and requiring one general remedy for its removal." Hence steam and lobelia were applied by him and his followers in all conceivable cases. But if human diseases require but *one* remedy, this new philosopher found that human credulity would tolerate some *twenty* or *thirty* different preparations of it, and the individual who heads the petition now before this House, has invented nearly as many more purely vegetable remedies! How complicated this *unit* of disease and remedy become, as we move onward, by the power of steam! This is the

great motive power of all modern enterprise. Our ships are propelled by steam; our machinery is driven by steam; we travel by steam; and any man who chooses may take his long and last journey to "that undiscovered country from whose bourne no traveller returns," by *steam*.

I have said that the Thomsonian practice discourages scientific study. This appears in the writings of all its advocates. In the "Thomsonian Manual," printed at Boston, No. 8, page 121, it is written—"Dr. Thomson has always opposed the idea which some entertain, that a college education is necessary for a practitioner, or to advance the glorious system of which he is the founder." The writer admits that medical institutions may be useful, but still maintains that they are not necessary; for he adds, "that it requires a long and laborious study of the anatomy and physiology of man, or a profound knowledge of botany, in order to make a successful Thomsonian practitioner, the career of Thomson and many others proves the contrary." He goes on to assert that the requisition of study for a year or two in some college or infirmary creates "a dangerous monopoly," and tends to clothe the new theory in mystery. Dr. O. P. Warren, the first individual named in this act of incorporation, in his "Vegetable Expositior," No. 1, page 19, speaking of botanic practice, says—"The shop of the chemist, with its thousand of technical instruments, and the paraphernalia of the druggist, are not necessary to its existence. Nature is its laboratory. Nature, his chemist, furnishes, in every clime, the cure for every incident disease, in some simple vegetable; and every child of nature understands the disease and remedy. It is only within the pale of civilization that these vegetable remedies have been unknown." He adopts, it seems, the notion of Indian skill; nay more, he says, page 1, of the same pamphlet, that Samuel Thomson "learned from the beast the physic of the field." The only useful lesson taught by the beasts is to shun vegetable poisons. They never crop these vile weeds, except by mistake. The object of this system is to multiply nostrums, and sell them to enrich the inventors. These medicines have already become a heavy burden to the community. They need no legislative encouragement, but rather require prohibitory enactments. They have become as numerous as the frogs of Egypt. They are found in our marts of business, in our shops, and in our streets. They are carried by pedlers from house to house. They come up into our chambers, and our kneading troughs, and our beds! The makers of them amass princely fortunes and live in palaces. The buyers of them, for the most part, lose their purchase money and their health. It is by no means contended that all these nostrums are uniformly injurious to health. Some of them may be useful, if properly applied. But as they are used indiscriminately by all classes of persons and for all sorts of diseases, they are undoubtedly productive of infinite mischief. Such of them as are invented

by illiterate pretenders to medical knowledge, cannot be safely used by any person. Many of the Thomsonian practitioners boast of their ignorance and glory in their shame. They openly abuse learning and its advocates; yet they prate about nature's laws. They pretend "to assist nature" in the cure of diseases. How can they assist nature, unless they know how nature acts? They are quite as likely to contravene the laws of nature as to co-operate with her, unless they have thoroughly studied physiology and anatomy. These sciences they discard. Botany alone they study, and that *empirically*, and thus "*assist nature.*" If nature could utter her voice, she would, no doubt, exclaim in the language of the Patriarch of Uz, "miserable comforters are ye all."—*Boston Medical and Surgical Journal.*

Unusual size of the Mammæ.—A young Irish woman, in Boston, in excellent health, with her first child, presents the singular anomaly of one very large breast, on the right side and a small one on the left. Milk is secreted abundantly in both, but in a ratio corresponding with their size. She says that this inequality commenced with their development at puberty, and that they are now distended but very little—always having been remarkable large from the period of her full growth. Such a want of symmetry rarely occurs, and may, therefore, be considered an anatomical curiosity.

Amputation of the Thigh at the Hip-joint.—M. Guersent operated, on the 28th of December, 1847, for a cancerous affection of the femut by disarticulation at the hip-joint. The child, aged five, was very much reduced. He was put under the influence of chloroform—insensibility was complete in two minutes. The operation lasted only two minutes. When the ligature was being placed on the vessels the child became pale, a little foam came from the mouth, the eyes were turned up, and the pulse at the wrist disappeared. This state of syncope was dissipated by means of active ventilation, and the introduction of a few spoonsful of wine into the stomach—and the child began to cry, much to the relief of the surgeon. Twenty-two days after the operation the child was as well as possible.—*Prov. Med. Surg. Jour.*, Nov. 15, 1848, from *Journ. di Méd. et de chir.*, Feb. 1848.—*Med. News.*

American Medical Association.—By desire of the committee of arrangement, the Secretaries of the American Medical Association request that all societies and other institutions, authorized to appoint delegates, send correct lists of those chosen to attend the

next annual meeting, to Dr. Henry J. Bowditch, Boston, on or before the 1st of April, 1849.

We would invite attention to this request, as a compliance with it will greatly facilitate the organization of the Association.

We take this opportunity to remind the members of the Association of the resolution adopted in Baltimore, directing that a copy of the Transactions should be sent to such members only as shall have paid the annual assessment for the present year (three dollars.) Those members paying to the Treasurer five dollars are entitled to three copies.

Medical Societies which have been represented in the Association, will be furnished copies on the same terms as members (viz: three copies for five dollars,) on remitting the amount to the Treasurer.

To other persons the Transactions will be furnished at the rate of two dollars per copy in paper covers, done up for mail, or two dollars and fifty cents in embossed cloth, on remitting the amount direct to Messrs. Lea & Blanchard, Philadelphia. Or orders left with booksellers will be executed by Messrs. Lea & Blanchard.

Editors of Medical Journals will aid the objects of the Association by announcing the above information in their pages.

Internal use of Chloroform. By HENRY HARTSHORNE, M. D.

When the inhalation of this substance as an anæsthetic began to attract universal attention, we made at the hospital, at Dr. Wood's suggestion, some investigations into its effects when taken internally. Although very sweet, it is so pungent as to require a large proportion of gum-water to obtund its effect on the tongue, throat, and even stomach.

Seventy-five drops gave me a sensation of general diminution of consciousness and censorial capacity. Sight, hearing, and touch, were all made less impressive, but no feeling of exhilaration or of derangement occurred. Drowsiness was positive. The pulse was not at all accelerated; in fact, it was two beats less in the minute. The same effects followed in two other medical gentlemen from two or three times the quantity. One swallowed a drachm, or over two hundred drops. He became very heavy, and after a short interval went into a sound sleep. The effect passed off on all of us after an hour or two. No one felt exhilarated or deranged as by alcohol, and in none was the pulse increased. The conclusion was positive in all our minds that it is a *direct sedative* to the cerebro-nervous system—a sedative narcotic.

A woman who suffered with a most obstinate and painful neuralgic affection of the side and head, took seventy-five drops at night. She slept better than she had for weeks, even after inhal-

ing ether or chloroform, as she had repeatedly; and was also unusually comfortable the next day. She then continued to take it, in a somewhat larger dose, for two or three weeks, every night; and improved under this more than under any other treatment.

From the pungency of chloroform I was induced to expect carminative powers. Upon trial in a number of cases of flatulent colic, I found it in the dose of seventy-five drops, sometimes repeated, to give prompt relief. It was then used as a substitute for Dover's powder as a soporific at night in rheumatism; and there answered admirably. There was but one patient, a woman with a cancer of the uterus, to whom it was given as an anodyne, who alleged that it disagreed with her, causing headache and sickness of the stomach without sleep or relief.

Believing it to be less constipating and more purely sedative than morphia, I tried the addition of it to cough mixtures in place of the latter. But here the objection presents, that so large a quantity of mucilage is required, as to oppress the stomach; or, if given in alcoholic solution, the stimulus of this vehicle might be undesirable. Still, as it is very pleasant to the taste, it might be added in small quantity to such mixtures, lessening the usual amount of opium in them.

It might be worth while to try it by enema in strangulated hernia, as a powerful relaxant to the system generally, and at the same time an excitant of peristaltic action. It is our impression that it is somewhat laxative even when taken by the mouth; but our experiments did not render this certain. There is no doubt, however, that as a purely sedative narcotic and carminative, having the advantage of a sweet, pleasant taste, it might often be made a serviceable medicine.—*Am. Jour. of Med. Science.*

Obituary Record.—Died, at Boston, on the 12th of November last, Enoch Hale, M. D., aged 58. Dr. Hale was one of the most eminent physicians of Boston. He was the author of several valuable works and dissertations, and was for many years, and we believe up to the period of his death, one of the physicians to the Massachusetts General hospital.

Died in London, on the 3d of December, in the 68th year of his age, Samuel Cooper, Esq., F. R. S., late Professor of Surgery in University College, and well known in this country by Surgical works.

How to prevent Bed-sores. By DR. PUREFOY.

The following ingenious method of preventing these dreadful specimens of disease or neglect, sometimes presented in even our

best regulated institutions, is suggested by Dr. Purefoy, in a former number of the Dublin Medical Press. The doctor may be allowed to describe his practice in his own words:—

"Having lately to treat a case of compound fracture of the tibia in an old man, the leg was comfortably placed upon the double inclined plane, and the case went on very favorably for some days, when it was thought that the leg must be placed upon the side, in order to relieve intolerable pain of the heel, and to obviate sloughing of the integuments. In this dilemma, it occurred to me to try to support the heel upon a bladder partially inflated, since pads failed completely is affording the desired relief. An ox bladder, previously moistened in tepid water, and afterwards oiled, was placed under the heel in a flaccid state, and subsequently filled gently with air, so as to give the heel the necessary elevation, and promote, as far as might be, the comfort of the patient. The experiment was successful beyond my most sanguine hope, as the air flowed underneath and upwards by the sides of the foot and ankle, thus affording an unusually agreeable and secure support to the foot and instep, at the same time relieving the heel from undue pressure: the old man exclaimed in a rapture, 'O, sir, I'm in heaven;' suffice it to say, that by renewing the bladder once only, the cure was perfected so far at the end of a month that the patient could leave his bed, and during this time he was completely relieved from the intolerable pain which at first was so very troublesome. I have lately prevented the occurrence of bed-sores, by the aid of a bladder placed under the buttock, and rolled up in a soft napkin, having previously been partially filled with air, although the patient had been for nearly two months lying upon his back, suffering under extensive gangrene, as the result of extravasation of urine."—*Lancet.*

Effects of the New Drug Law.—Dr. Edwards, the indefatigable Chairman of the Special Committee in Congress, which reported the new law, was employed for some time before the commencement of the present session, by Mr. Secretary Walker, to visit the ports of New York, Philadelphia, Baltimore and Boston, and report upon the operation of the law. Through the kindness of Dr. Bœrstler, of Lancaster, we have been favored with a few items from Dr. Edwards' forthcoming report. We are sure we could not lay more highly interesting and satisfactory information before our readers, than is contained in the following extracts from Dr. Bœrstler's letter to us.

"Much good has already resulted from the law, and the opposition to it is now confined to Drug brokers, the regular dealers approbating it. The partner of the largest importing house in New York, now in Europe, writes that this law will effectually prevent the shipment of adulterated drugs and chemicals. The

inspectors of our ports are doing their duty faithfully and fearlessly—instance New York alone, where the following spurious articles were not allowed to enter, but sent back. The inspector rejected:

July	19,	6,650 lbs.	spurious rhubarb root,	from Canton.
"	21,	931 "	" " " "	" "
Aug.	10,	750 "	adulterated opium,	Marseilles.
"	11,	2,940 "	jalap root, spurious,	Tampico.
"	31,	2,249 "	rhubarb root, "	London.
Sep.	1,	645 "	" " " "	"
"	5,	1,414 "	gamboge,	"
"	8,	545 "	rhubarb root,	Hamburg.
"	9,	1,400 "	senna,	Leghorn,
"	19,	2,900 "	yellow bark, "	Bordeaux.
"	20,	875 "	rhubarb root,	Canton.
"	22,	758 "	opium,	London.
"	25,	1,783 oz.	iodine	"
"	26,	1,075 lbs.	rhubarb root,	Marseilles.
"	26,	875 "	jalap root,	Vera Cruz.
"	29,	3,100 "	"	"
Oct.	23,	788 "	rhubarb,	London.
"	23,	227 "	gum myrrh,	"
"	25,	13,120 "	yellow bark, "	Marseilles.
"	26,	1,875 "	" "	Bordeaux.
"	26,	412 "	gum myrrh,	London.

In Boston a number of cases of adulterated opium, and other spurious drugs were also rejected. This will give your readers some little idea of the rascality of traders in such things, and shows the necessity of penal legislation. As well might men poison our fountains as sell us adulterated medicinal drugs, &c. * * It was apprehended the revenue would suffer by this law, but Mr. Secretary Walker nobly said, 'let no revenue be derived from any nefarious traffic.' So far from injury, the revenue is increasing, because genuine drugs and chemicals are taking the place of spurious—for example, the spurious yellow bark was invoiced at $4 per 100 lbs. when the genuine is worth $70 to $90 per 100 lbs. So in other articles.—*Ohio Med. and Surg. Journal.*

Camphor and Chloroform Mixture. By T. and H. Smith, Chemists, Edinburgh.—(*M. Jour.*) The great difficulty, or rather the utter impossibility, of administering camphor in a state of solution in doses of sufficient potency, has been long felt by the profession to be a serious evil. The form of pill, which forces itself on the physician as the only mode of giving large doses of this medicine, is objectionable in many cases, and in others altogether inadmissible. The camphor, being merely in a state of mechani-

cal division, on being set free in the stomach, from its extreme lightness quickly separates and floats about, thus producing in many cases much local irritation in that organ, instead of soothing or arousing the general system.

We have therefore much pleasure in laying before the readers of the *Monthly Journal* a formula for exhibiting camphor in doses of almost any amount of strength—certainly as large as any case can require—and that in a state of perfect solution: thereby allowing of a nice adaptation of the dose to the circumstances of each case.

The formula is as follows:—Three drachms of solid camphor are dissolved in one fluid drachm of chloroform. This is, perhaps, one of the most remarkable cases of solution the whole range of chemistry presents to us. The solution is most *rapid and complete*, and the bulk of the liquid is now increased from one to fully four fluid drachms. This solution rubbed up with the *yolk* of one fresh egg, may be formed into an extremely elegant emulsion by the addition of water, without the slightest separation of the camphor or chloroform; in fact no separation of any kind takes place. If to the proportions given above, as much water be added as to make a four ounce mixture, each teaspoonful of the mixture when formed will contain about five and a half grains of camphor, and about two minims of chloroform. The capability of the formula being varied, so that either the camphor or chloroform may constitute the predominating ingredient, must be quite obvious. This mixture can be administered in any ordinary vehicle, such as water, without the occurrence of any separation; indeed, the mixture is as readily and completely effected as cream with tea or coffee. We have tried the effect of several medicinal substances on the mixture. With none of them has any separation been caused.

A weak saline solution, composed of common salt, phosphate of soda, and an alkaline carbonate, mixed readily, as well as a solution of muriate of morphia and sulphate of zinc. With the volatile alkali and acid liquids—such as a weak solution of acetic and muriatic acids—the mixture seems to become more intimate and stable. The mixture with ammonia has stood since its preparation —now fully a week—without any separation. With water alone, however, the chloroform solution of camphor separates in a few days, but they readily unite again when slightly agitated. The solution of camphor in chloroform, although insoluble in water alone, appears in this mixture to be in as complete a state of mixture as the butter in milk when newly drawn from the cow.

It now remains with the physician to ascertain the therapeutic value of the formula. We hope that by its means our knowledge of the action of camphor as a remedial agent may become more full and precise than hitherto.—*Lancet.*

CONTENTS

D., Demonstrator of Anatomy in the University of Pennsylvania, - - - - - 229
dvantage of tying the Umbilical Cord before delivering the head

FOURTH MONTH, (APRIL,) 1849.

Biographical Memoir of Charles Smith, M. D., by F. Randolph Smith, M. D., - - - - - - - - - - 171

ORIGINAL COMMUNICATIONS.

Medical Memoranda, by A. N. Dougherty, M. D.
Case of Puerperal Convulsions, - - - - - - 174
Chloroform in Puerperal Convulsions. - - - - 175
Case of Ascites, - - - - - - - - - - 176
Case of Enlarged Spleen, by L. A. Smith, M. D., - - - 177
Case of Strangulated Hernia, by D. T. Nestell, M. D., - - - 179
Medical Miscellany, by the Editor.
Dislocation of the Biceps Flexor Cubiti Muscle, - - - 182
Etherization in Labor, - - - - - - - - - 184
Case of Difficult Labor, - - - - - - - - 186
Case of Acute Hepatitis terminating in suppuration and recovery, by Wm. K. Mason, M. D., - - - - - - - 188

BIBLIOGRAPHICAL NOTICES.

Annual Report of the officers of the New Jersey Lunatic Asylum, 191
Summary of the Transactions of the College of Physicians of Philadelphia from September 6, 1848, to January 1, 1849, inclusive, 194
Report on the Theory and Practice of Medicine, by Dr. Coates, 195
Yellow Fever, - - - - - - - - - - 195
Typhus " - - - - - - - - - - 196
Congestive Fever, - - - - - - - - - 196
Dr. Hastings on Yellow Fever, - - - - - - 197
Case of Wm. Freeman, - - - - - - - - 198
Cholera, - - - - - - - - - - 200
Variolous Epidemics, - - - - - - - - 200
Annual Report on Midwifery, by Dr. Griscom, - - - 202

Transfusion, - - - - - - - - - - - - 202
Anesthesia, - - - - - - - - - - - - 202
Obituary Notice of Henry Neill, M. D., - - - - - 204
An illustrated system of Human Anatomy, special, general and microscopic, by Samuel George Morton, M. D., &c., &c., with three hundred and ninety-one engravings on wood. Grigg, of almost any amount of strength—certainly as large as any can require—and that in a state of perfect solution: thereby allowing of a nice adaptation of the dose to the circumstances of each case. 204
The Jefferson Medical College of Philadelphia. Lea & Blanchard, 1849, - - - - - - - - - - 206
Report of the Pennsylvania Hospital for the Insane, for the year 1848, by Thomas S. Kirkbride, M. D. Philadelphia, 1849, - 208

EDITORIAL.

Cherry Pectoral, - - - - - - - - - - - 209
National Medical Association and Medical Colleges, - - - 209
Pseudo-Membranous Laryngitis in a Pregnant Female, - - 214
The ensuing Annual Meeting, - - - - - - - - 216
Camphorated Chloroform Liniment, - - - - - - 216
Editorial Changes, - - - - - - - - - - 217
Valedictories, - - - - - - - - - - - 218
Hospital Reports, - - - - - - - - - - 218

ITEMS.

A Double-Headed Child, - - - - - - - - - 218
Antidote to Chloride of Zinc, - - - - - - - - 218
Indiana Medical College, - - - - - - - - - 219
Monstrosity, - - - - - - - - - - - 219
Secret Medicines in Iowa, - - - - - - - - - 219
Retirement of Prof. C. J. B. Williams, - - - - - 219
Death of Dr. Prichard, - - - - - - - - - 220
Rush Medical College, - - - - - - - - - 220
Resignation of Prof. T. D. Mitchell, - - - - - - - 220
Georgia Medical Convention. - - - - - - - - 220

ECLECTIC DEPARTMENT.

Remarks upon the use of Antimony (Tart. Ant. et. Pot.) in the Pneumonia and Bronchitis of Children, by H. N. Bennett, M. D., of Bethel, Ct., - - - - - - - - - - - 221
Reminiscences of our Fathers. Memorial from the College of Physicians of Philadelphia to Congress—Deleterious offects of Distilled spirits on the Human system. Communicated to the Senate December, 1790, - - - - - - - - - 225

Two cases of Pneumonia illustrating the comparative efficacy of Mercury and Tartar Emetic in the treatment of that disease, by Wm. Fletcher Holmes, M. D., - - - - - - - - 226
Cases of Erysipelas which occurred at Soluca, Mexico, by Israel Moses, M. D., U. S. A., - - - - - - - - - 229
Needle found in the Heart after Death. Reported by John Neill, M. D., Demonstrator of Anatomy in the University of Pennsylvania, - - - - - - - - - - - - - 239
Advantage of tying the Umbilical Cord before delivering the head after turning, by J. S. Unzicker, M. D., - - - - - 241
Death from Chloroform, - - - - - - - - - - 241
Case of Œdematous Laryngitis—Death—Autopsy.—Read before the R. I. Medical Society, by George L. Collins, M. D., - - 242
Encysted Tumour of the Labium, successfully treated by the application of Nitrate of Silver to the Interior of the Cyst, - - 244
Remarkable case of Disease, attended with displacement of the stomach—(London Med. Gaz.)—by Albert Owen, Esq., Surgeon, Aylesbury, Bucks, - - - - - - - - - - 248
On the removal of the bitter taste of Sulphate of Magnesia, - - 250

ON PAGE IV OF CONTENTS.

Annual Meeting of New Jersey Medical Society.
Recipe for Ayre's Cherry Pectoral.
Philadelphia Graduates in Medicine.

NEW JERSEY MEDICAL SOCIETY.

The Annual Meeting of the New Jersey Medical Society will be held at New Brunswick on Tuesday, the 8th of May next, at 10 o'clock, A. M.

Wm. Pierson, Secretary.

RECIPE FOR CHERRY PECTORAL.

The following Recipe should have appeared on the cover with the advertisement, but as it has been omitted by mistake, we insert it here, not being willing to give place to the advertisement without the formula.

R. Morph. Acet. grs. iii.
Tinct. Sang. Can. dr. 2.
Vin. Antimon.
" Ipecac—aa. dr. 3.
Seyr. Pruni. Virg. oz. 3.
M. ft.
Dose—15 to 50 drops pro. re nata.

NUMBER OF GRADUATES IN MEDICINE FROM THE COLLEGES OF PHILADELPHIA.

University of Pennsylvania,	190
Jefferson Medical College,	188
Pennsylvania College,	36
Philadelphia College of Medicine,	21
Total,	435

THE

NEW JERSEY MEDICAL REPORTER.

VOL. II. FOURTH MONTH, (APRIL,) 1849. No. 3.

BIOGRAPHICAL MEMOIR OF CHARLES SMITH, M. D.

By F. Randolph Smith, M. D.

Doctor Charles Smith, whose death was announced to the Society at their annual meeting in May last, who for a long time filled a conspicuous place among his medical associates in New Jersey, was born December 4th, A. D. 1767, in the vicinity of Princeton, N. J. His parentage was highly respectable, tracing back their descent, in direct line, from the Puritans of Massachusetts, to the seventh generation. And the Doctor, in his Will, bequeaths to his nephew Chas. G. Smith, of Pittsburgh, his "Ivory headed cane which was brought by his ancestor from England more than two hundred years ago."

He was educated at Princeton, and took his first degree in the College of New Jersey, in the Class of 1786. Shortly afterwards he commenced teaching a Classical School in the Academy at Trenton, from whence he removed to New Brunswick to take charge of the Grammar School attached to Queens College. Here he distinguished himself as a successful teacher; and while thus employed, he devoted his leisure time to the study of medicine, under the instruction of the late Dr. Moses Scott. He was licensed as a Physician and Surgeon by James Kinsey and Isaac Smith, Esqrs., two of the Justices of the Supreme Court, upon the certificate of Drs. John Beatty and James Stratton, after an examination held May 1st, 1792. His first intention, after obtaining his

license, as the writer has heard him say, was to go South, and commence practice in South Carolina. And he had actually taken passage in a ship from Philadelphia for Charleston; but the ship leaving him, after an unsuccessful chase down the Delaware, he returned to New Brunswick, and was received into a partnership by his preceptor, whose daughter he married in the autumn of the same year. On the sixth of October, 1792, he was honored with a Diploma from Queens College, conferring the Degree of "Bachelor of Medicine," signed by Wm. Linn, President pro tem., Wm. Paterson, Robert Morris, Frederick Frelinghuysen, and others, Trustees.

From that time, with a single exception, he devoted himself exclusively to the practice of his profession in New Brunswick, steadily refusing all efforts to draw him aside from his pursuit, by the allurements of public life or the emoluments of office, beyond the limits of his own city. Even the exception alluded to above, was professional, connected as it was, with the insurrection in Western Pennsylvania in 1794. On that occasion he accompanied Gov. Howell, of New Jersey, and suite, to Pittsburgh, as "Surgeon of the Cavalry of New Jersey," which Commission he retained till his death.

In practice he soon rose to eminence in his own State, and though not extensively known beyond her limits, he enjoyed in a high degree the confidence of the public and of his professional brethren throughout the State, as the records of your Society will abundantly show. Endowed by nature with mental powers of a superior order, tempered with great good sense, and well versed in language, both ancient and modern, and in the exact sciences, he made high attainments in the professional knowledge of his day; and though prohibited, in middle life by a laborious practice, and afterwards by bodily infirmity, from keeping pace with the progress of Medical Science, his good sense, discriminating mind, and great experience in practice, more than compensated for any deficiency on that account, and brought his patients and pro-

fessional brethren around him for advice, even till a late period of life, though but a wreck of what he had been.

As a writer, Dr. Smith was little known. His communications to the public were always made anonymously, and published in the periodicals, to which he was an occasional contributor in early life. He was fond of literature, and by extensive reading amassed a fund of anecdote, which a retentive memory enabled him to use for the gratification of his friends, and which added to his social qualities, made him a very agreeable companion.

As a linguist, he had few equals in his native tongue, and was very familiar with the Latin and Greek classics, particularly the former, and frequently amused himself and his friends with recitations from Horace, his favorite author, having committed to memory many of his Odes.

In personal appearance he was very attractive; tall and majestic in form, and courteous in manners, he conciliated the favorable opinion of all, especially of strangers, whose prepossessions were always in his favor.

Such was Dr. Smith in his palmy days. But neither beauty, nor learning, nor courtly manners, could exempt him from the common lot of humanity. For the last twenty years of life he was evidently declining. His hearing, previously dull, became more and more difficult. His sight, by paralysis in one eye, and cataract in the other, was much impaired. His muscular power, never well proportioned to his weight of body, yielded under long continued action, and he became in a great measure unable to walk, long before there was any perceptible failure of intellect. In this manner his bodily infirmities continued to multiply, until the brain itself, impaired by age, ceased to perform its functions, one after another, and he expired on the seventh day of May, A. D. 1848, aged more than eighty years; his wife having died about two months previously. They left no children to inherit the ample fortune acquired by his industry.

New Brunswick, March 6, 1849.

ORIGINAL COMMUNICATIONS.

MEDICAL MEMORANDA.

By A. N. Dougherty, M. D.

CASE OF PUERPERAL CONVULSIONS.

Was summoned at half-past 5 o'clock A. M., January 28th, to assist my friend Dr. Wm. M. Brown in a case of puerperal convulsions. The patient Mrs. Mac L., primipara, aged about 22, was taken in labor several hours before, and was progressing well when suddenly, frightful convulsions supervened marked by intense lividity and distortion of the face, and complete insensibility. Dr. B. immediately bled her, and repeated the bleeding on the return of convulsions an hour afterwards. The whole quantity abstracted was three pints.

I found her partially restored, free from convulsions, very restless, with a small frequent pulse, the os uteri dilated to the size of a dollar, the membranes unruptured and beginning to protrude, and the head presenting.

The question now arose, whether we should turn and deliver, at the imminent risk of destroying the child, or let off the waters and give ergot, trusting the natural powers thus assisted. As convulsions had been absent some time and the pains were regular and increasing, we concluded to adopt the latter course.

At eight o'clock the head being at the perinæum, the convulsions returned, and at the request of my friend, I applied the short forceps (though with some difficulty owing to the tossing of the patient) and in five minutes we had the pleasure of seeing the child born alive. The convulsions ceased and both mother and child have since done well.

CHLOROFORMIN PUERPERAL CONVULSIONS.

February 22d, noon, was called to attend Mrs. W., primipara, aged 18, said to be in labor.

Found her just recovering from a convulsion, the sixth since two o'clock A. M., when they set in.

A week previously a physician had attempted to bleed her for severe persistent headache, but without success. The application of ice to her head, to which she then resorted, had been unavailing.

Pulse full and hard and rather frequent, skin hot, tongue coated and bowels costive; cervix uteri obliterated, os, sufficiently dilated to admit the point of the finger, rigid and thick, membranes entire and head presenting.

A botanic doctor had just left, after trying in vain to make her swallow, what appeared to be a spirituous preparation of myrrh, and recommending a sweat with hot bricks and vinegar.

After bleeding, and ordering drafts and cloths wrung out of hot water to the feet, and ice to the head, I went to procure chloroform, (which though a new agent, I meant to use) and forceps (if this case, like the last, should seem to require them) and the able assistance of my esteemed friend Dr. Abram Coles, whose opportunities for witnessing the operation of chloroform in the European Hospitals have been very great. We renewed the bleeding, applied mustard between the shoulders, cut off the hair, and ordered injections. About three o'clock the convulsions returned, we reopened the vein and administered chloroform by inhalation from a handkerchief, with the apparent effect of abbreviating the paroxysm and producing sleep. We also forced down a powder of calomel, scammony, and rhubarb.

At our evening visit she was rational, had suffered no return of the disease and was relieved of headache. She continued comfortable until taken in labor on the morning of the 24th when after a few hours she was delivered with the aid of ergot, of a large child, which from the progress of

decay, it was plain had died during the convulsions. She made a good recovery.

CASE OF ASCITES.

February 9th.—Was asked to see a child 18 months old, with rupture, and apply a truss. Found protrusion to the extent of an inch and a half at the umbilicus and the scrotum on the right side very much distended. Could easily return the contents of both sacs, but those of the scrotum would return, in spite of my finger, over the ring. Abdomen universally protuberant and hard, habit of the child scrofulous and cachectic. Both tumors were translucent when a lighted candle was held on the farther sides.

Being satisfied that it was simply a case of ascites, I gave the following:

R. Sub. Mur. Hydrag, gr xv.
Pulv. Scammonii 3ss.
Ext. Elaterii gr. ss.

Divid. in pulv. No. xii.

One to be taken every night.

Also Tinct. Digital. Purpur. 5 drops night and morning.

I subsequently doubled the dose of elaterium and trebled that of tinct. digitalis.

March 1st, the umbilical protrusion gone, the sac shrivelled, the scrotal tumor lessened one half, and its communication with the abdomen closed. In fact, the latter has become ordinary hydrocele. The abdomen is large but resonant, and the pulse 120, notwithstanding the heroic doses of digitalis.

Newark, March, 1849.

CASE OF ENLARGED SPLEEN.

By L. A. Smith, M. D.

J. H., of this city, aged about 30 years, of very robust frame, hardy constitution, and good habits, some time in the spring of 1847, received a severe blow in the left hypochondriac region, in consequence of being thrown from his wagon. He suffered some pain for a few days, but soon resumed his business which was very active and laborious.

During the summer following he had an attack of intermitting fever, which was soon subdued, by the usual treatment. This was followed by symptoms of functional derangement of the loins, with dyspepsia, a pallid countenance, œdema of the feet and legs, and a dull, heavy, and continuous pain in the left side, where he had received the injury. Being myself absent from home, he came under the care of my friend Dr. Dougherty, who took care of my patients, and who, on making examination, detected a considerable tumour in the left hypochondriac region, the bounds of which could be distinctly traced. On my return, Dr. D. and I made a very careful examination of the tumor, and came to the conclusion that it was an enlargement of the spleen. With this view, we pursued the most energetic and persevering treatment, which our own experience and the best authors suggested, and comprising almost the whole catalogue of the Materia Medica, used in such cases. The pain in the side and dyspnœa, which was so great at some times as to prevent the patient from lying down, continued unabated for some weeks, when he was attacked, in consequence of exposure to cold, with pleurisy, which called for very active treatment, and which was finally subdued. From this time, he had but little, if any pain in the side, and was now confined to the bed or the house, till a short time before his death. The most troublesome symptom was dropsical effusion, which was kept in check by the following prescription,

which is here inserted, as it proved of great value in this case as well as many others under my own observation, and that of the friend from whom I received it.

R. Sub. Mur. Hydrag. grs. x.
Pulv. Digital. Purpur.
Sup. Tart. Potass.
Jalapi. aa. grs. iij.
Divid. in pulv. No. xij.

One to be taken every six hours.

During the fall, Mr. H. by my advice went to New York, and consulted several of the most eminent physicians in that city. One of them gave it as his opinion that the tumor was *malignant* in its character. Others gave no decided opinion in the case, but all agreed that little could be done but to palliate the symptoms. I should have remarked, that previously to his going to New York, one physician of eminence in this vicinity, who had been called in consultation, pronounced the tumour an enlargement and thickening of the omentum and advised extensive blistering to the abdomen.

The patient gradually sank, and despairing of recovery he gave up business, and in the summer of 1848 went to his father's residence in Rahway, 8 or 10 miles distant, when he came under the care of Drs. Abernethy and Drake, whose attention and efforts in his behalf were indefatigable, but unavailing. He gradually sank, and about the middle of October, died.

At his request, frequently expressed during his illness, I made a post mortem examination, assisted by Dr. Drake.

On making the incision a large quantity of serum, not less than 10 gallons was discharged. The viscera and cavities of the body were entirely healthy in appearance except the *spleen*, which was so enlarged as to occupy all the left hypochondrium, extending into the right, and also below the umbilicus some inches. It slightly adhered in several places to the surrounding parts, but was easily removed. It was healthy in appearance and color, but on being cut it was

found to be more firm in texture than natural, and somewhat resembling flesh, as it weighed more than 7¾ pounds. We cut into it in several places, but found no symptoms of malignancy.

I shall not take up the room of your valuable Journal in detailing the treatment in this case. It comprised all that the skill of several of our most distinguished physicians, who were consulted, could suggest.

Whether this disease was induced by the injury mentioned, or was consequent upon the intermitting fever, or was independent of both causes, I leave every one to make up his own opinion; only adding that I shall long remember the case with interest, not only from its intrinsic merits, but from having had my own life, or at least limb brought into imminent peril by a puncture of my thumb in making the post mortem examination.

Newark, March, 1849.

CASE OF STRANGULATED INGUINAL HERNIA.

By D. D. T. Nestell, M. D.

On the 4th of December, at 4 o'clock P. M., I was called to visit Mrs. J. C. ætat fifty-eight, who had an irreduceable Strangulated Hernia on the left side. She had been affected with hernia about seven years, but had experienced little inconvenience, being able to keep it returned by means of a common truss. On the above day however, imprudently lifting a heavy weight of wet clothes, the intestine descended and in a short time became strangulated. When I arrived, the tumor had been thus conditioned fully six hours. I immediately attempted to reduce it by the taxis, bleeding, the free use of warm fomentations, the warm bath, and the subsequent application of ice water, but all efforts were useless. The sac was nearly the size of a goose egg, and extremely tender on pressure. She had vomited alternately for the

last four hours, with agonizing pain in the hypogastric and lumbar regions, cramps in the lower extremities, and the pulse at one hundred and forty.

The progress of the case being apparent, and not wishing to incur too much responsibility, as I was almost a perfect stranger to the vicinity, I announced to the family the dangerous situation of the patient, and my opinion that an operation was imperative, soliciting an immediate consultation with their regular family physician. Dr. T. Kitchel, for many years their attendent physician, a gentleman of sound, practical knowledge in his profession, was sent for, and his efforts at a reduction proved equally abortive. Neither of us having the necessary instruments, a messenger was hastily despatched for Dr. J. S. Darcy, of Newark, inviting him to perform the operation, and a few hours brought us his return note that he would be with us at 8 o'clock the next morning.

Dr. K. being called to another case, I remained with the patient all night, and administered several doses of sol. sulph. morph. to allay if possible the constant gastric irritation. At about 12 o'clock, a mustard poultice was applied to the region of the stomach which somewhat alleviated the worse symptoms of distress, and the patient slept an hour and a half.

At the appointed hour, Dr. Darcy, accompanied by Dr. J. Nichols, was promptly on the spot, who, after a careful examination, proceeded, assisted by Dr. N. and myself, to perform the operation as follows:

The patient being placed, after the usual method, upon a table, an incision extending over the whole length of the tumor, through the integuments, which were dissected off, exposed the fascia transversalis beneath, which being divided and turned aside, the hernial sac was brought to view. The peritoneum being carefully divided and freely dilated with a bistuory on a grooved director, a small quantity of serous fluid escaped. The bistoury was then introduced at the seat of stricture, flatwise upon the director, and turned upwards;

and a few moments allowed for the restoration of the suspended functions of the gut, which easily admitted of reduction, and the patient was relieved. The incision was closed with four interrupted sutures, straps of adhesive plaster, lint, a light compress, and the figure of eight bandage applied.

The patient bore the operation well, and Dr. Darcy performed it, as he always does his work, with admirable skill and gentleness.

Subsequently, owing to the quantity of morphine previously taken, considerable constipation of the bowels ensued, and on the second day five or six enemata, composed of catnip-tea, castor oil, and salt, were administered without the desired result. However, on the third day, sulph. magnes. oz. ss. and calc. magnes. oz. ss. were given by the mouth, and succeeded in relieving them, the pulse falling from 120 to 80. The patient now progressed favorably without any other inconvenience than debility and proctalgia, which I considered symptomatic of chronic intestinal derangement, as she had been subjected to lengthy constipations from infancy.

On the ninth day I examined the wound and found it healed by the first intention, removed the plaster and dressing, and applied a soft compress and a slighter bandage. The pulse 64.

On the twelfth day I removed the sutures and allowed her suitable nourishment, with cool acidulated drinks. Since the operation there had been no noticeable fever, and on the 24th of December, the patient was able to leave her apartment.

Hanover, December 27, 1848.

MEDICAL MISCELLANY.

By the Editor.

DISLOCATION OF THE BICEPS FLEXOR CUBITI, MUSCLE.

Was summoned in haste to see a patient, who it was supposed had a dislocation of the arm at the shoulder joint. Found her suffering extreme pain in the right shoulder, with the arm of that side thrown out from the body; she was a tall, slender person, a seamstress by occupation, of relaxed fibre, and rather feeble constitution. In sewing rapidly with a longer thread than usual in her needle, she threw her arm suddenly upward and backward, to the full length of the thread, and was immediately seized with severe pain at the top of the shoulder, and along the course of the biceps muscle, to its insertion. My first impression was, that there was a dislocation of the head of the bone into the axilla, but the depression under the scapular processes, and the tumor in the arm-pit were not discoverable, the limb was neither shortened or lengthened, the rotundity of the joint was preserved, and I was at a loss to form a satisfactory diagnosis. The arrangement of the joint appeared to be undisturbed, rotary motion could be borne, and considerable force by way of extension could be applied without complaint, provided the muscles were relaxed by the extended position. On passing the hand over the shoulder, she experienced a twinging pain, a sort of shudder in the whole course of the biceps muscle. I urged her to allow me to depress the arm against the body, she consented, and bore the suffering produced by the effort with much fortitude; by pressing the hand firmly upon the shoulder, during the descent of the limb toward the side, a slight elevation was discoverable to the touch, just over the posterior tuberosity of the humerus. It occurred to me at once that the long tendon of the muscle had been dislodged from the bicipital groove; and a further examination of the case corroborated the opinion. Having seen no mention of

a like accident by surgical writers, and never having heard of a case of the kind, I naturally enough questioned the soundness of the opinion, but the evidences were too positive to allow me to resist the conviction that the tendon was dislocated. Acting upon this view of the case, the following treatment was pursued:

The arm of the patient was depressed as far as it could be borne, with the right hand, so as to draw the tendon firmly over the tuberosity, and allow the thumb of the left hand, to press against it, and aid in its reduction. The tendon being made prominent, and the thumb adjusted to it, the arm was elevated to the side of the head, thus giving the greatest possible degree of relaxation to the flexor muscles, while the thumb of the left hand replaced the tendon. It slipped suddenly into the groove, and the patient could immediately rest her arm upon the side, though for several days afterwards she suffered pain occasioned by the tension of the muscle over the greater tuberosity. These facts have been mentioned to several surgeons of distinction, and I have met with but one, who has ever seen a similar case. Dr. Mutter, of Philadelphia, informs me that in the course of his extensive practice, two or three of a similar kind have come under his observation; and in submitting to the profession this brief account of a curious and rare accident it may be well to note the diagnostic signs which distinguish it from a dislocation of the shoulder joint. The depression under the acromion process, the tumor in the axilla, and lengthening of the limb, which characterize a dislocation downwards; the prominence under the pectoral muscle, and the backward direction of the limb which are evidences of a dislocation inwards; the hard tumor under the spine of the scapula, and the arm being thrown toward the front of the body, by which we may diagnosticate a dislocation backwards; are all absent, while, as is the case with most displacements of the humerus, the elbow cannot approach the body without pain. The most striking diagnostic symptoms appear to be, the

severe pain caused by depressing the limb, the elevation of the tendon, as a cord, over the tuberosity, on placing the arm to the side, and the freedom from suffering on relaxing the muscles. The treatment is in strict accordance with the pathological history of the case, and in the instance mentioned, was entirely and speedily successful.

ETHERIZATION IN LABOR.

The use of anesthetic agents in parturition claiming general interest in the profession at this time, we hereby offer our testimony in its favor after repeated trials, and give in evidence the following case: was called to see a young female in her first labor, and informed that she had been suffering considerable pain for twelve hours, and that she had from feelings of delicacy refused to have me sent for at an earlier period. An examination per vaginum revealed a rigid os-uteri, but slightly dilated, and unyielding to pressure; the vaginal muscles were considerably contracted, and seemed to resist the entrance of the finger. The membranes had been ruptured, and the waters discharged. I anticipated a tedious and protracted labor, and betook myself to an easy chair and book, determined to propose the use of ether, after seeing my patient suffer two or three more pains. In about half an hour she told me that a neighbor to whom I had administered the ether, in a recent labor had urged her to have it, if she should experience any difficulty. But the mother objected; the nurse had read numerous newspaper stories of its fatal effects, and would not take it for the world. A kind friend who was present, would be very sorry to interfere to the detriment of the patient, but her advice was to take the "safe side" and to go on in the "old fashioned way." As the young lady was entirely unacquainted with the "old fashioned way," I explained to her that she would experience an increase of her sufferings, and probably not be relieved for many hours, and that I believed

she would be on the "safe side" if she would inhale the ether, as my experience with it, had all been in its favor. She insisted upon proceeding with the inhalation. I had with me about four ounces. She soon began to be affected by it, and at first it produced a sort of hysterical laughter that was uncontrollable. She would cry, and talk about her being foolish, and losing her reason; sometimes she would cry out that she was on her way to happiness, and was hastening to Paradise, &c. Of course this was supposed to be reality by the assistants, and they would have withheld the sponge had they been able to extricate it from the grasp of the patient. As soon as the sponge became a little dry, she would call for more ether, and it was given to her freely. In about twenty minutes she experienced its anesthetic effect, and the labor progressed rapidly. The secretions from the vaginal walls became much more abundant, and the head presented at the inferior strait without much difficulty. Here there was some obstruction, the head was large, and the diameters of the strait rather contracted. I determined to apply the forceps and reduce the diameters of the head. In a few minutes they were adjusted, and the delivery was accomplished. The placenta was taken away, the roller applied to the abdomen, and the patient turned upon her side—she as yet made no remark about her situation. Everything being now accomplished, I went to her bed side, and aroused her. She asked how she was getting on. She was told that her labor was done, and her baby born. She could not realize it. She did not believe it, till the infant was presented to her. She assured me that she was entirely unconsious of the application of forceps, though she had an indistinct idea of suffering, she knew she was in labor, and felt that she was making an effort, but she experienced no pain. She did well afterwards, and had a speedy recovery. On the tenth day she was sitting up, and has stoutly arrayed herself among the advocates of Etherization.

CASE OF DIFFICULT LABOR.

Was requested about 10 o'clock, on the evening of the 14th inst., to wait upon a young female in labor with her first child. Found a tall, muscular woman, complaining of frequent sharp pains in the "small of the back," attended with considerable bearing down effort, which she had suffered since noon. On examination, found the os-uteri dilated to about the size of a shilling piece, and as her pains seemed gradually to increase, I concluded to remain in the house, and retired to bed, expecting to be called in a few hours. Early in the morning I rose, and found my patient quite comfortable. She had slept but little, and suffered but little. I left her, and called again about noon, on the 15th, learned that her pains had not increased, but that there was a slight "show." In the evening was requested to see her again. The os-uteri was dilated to the size of a half dollar, and the pains quite developed. The rigidity of the soft parts, and the evacuation of the waters which had already occurred, gave promise of a tedious effort. Having received while here, a call to another parturient female two miles distant, I concluded that I might obey the call and return in time to be of service to my first case. At 11 o'clock P. M., I left her and found patient No. 2 in the first stage of labor, the membranes entire, and the pains going on as well as could be desired. I was back in an hour and a half to No. 1, and found her in the same condition, making but little progress; left her the second time, and delivered No. 2 of a fine healthy boy, after about an hour's labor, and returned again to my first patient; her pains by this time had increased in violence, and the head was passing slowly from the uterus. I had already suggested the use of ether, but it was refused; the rigidity of the perinœum was yet so decided, that it was proposed again to employ ether, but the mother was unwilling, and the husband was afraid. It was not used. The labor went on, and the strength of the patient

was rapidly failing; the pulse was feeble and she could not make the effort which the pains required. Hodge's long forceps were applied, and a strong cord attached to the handles, so that by the successive turns of the cord upon them, the blades were drawn together, thus compressing the child's head, and shortening its lateral diameter; considerable traction effort was necessary in order to overcome the resistance of the perineal muscles, but by slowly and cautiously continuing the effort, the labor was accomplished, and a large female child was born about six o'clock in the morning of the 16th; notwithstanding the patient had been in labor since noon on the 14th, and the waters had been early discharged, thus allowing of a greater degree of compression upon the child, it was living, and is now perfectly healthy. The following measurements will indicate its size: Its length was 24½ inches, from the crown of the head to the foot; across the head from ear to ear, the distance was 7¼ inches; and around the forehead and occiput 12½ inches.

The mother, however, was in an alarming condition. I had directed that she should not be moved from the position in which she was left after delivery, until my next visit, as she was extremely feeble. In about four hours I saw her again; an officious neighbor had moved her up in bed; the hemorrhage was increased, and the extreme exhaustion which she suffered, threatened speedy dissolution. The pulse was small, thready, and beating 150 in a minute; the cheeks and extremities were cold, the abdomen distended, tympanitic, and painful; the countenance pale, and the voice tremulous and indistinct; external stimulants were immediately resorted to, and quinine and brandy given freely by the mouth. Two grains of quinine and a dessert spoonful of brandy were administered every hour, with animal broth, for twenty hours successively, before there was any marked evidence of improvement; then the pulse began to increase in volume, and diminish in frequency; the cheeks grew

warmer, the countenance assumed a more natural expression, but the abdominal distension continued, with a tendency to syncope, so that a steady perseverance in stimulating and tonic remedies, with supporting diet, was necessary in order to ensure convalescence. The alarming symptoms have now subsided entirely, and she is rapidly getting well. How far the history of the two cases reported may correspond, and how far they may be considered as fair examples of the use and non-use of ether, it is left to the reader to decide. The child in the last case is much the larger of the two, the mother has a more ample pelvis, she is a larger woman, bone and muscle well developed, and of mature age. The first case is an unmarried female not yet eighteen years old, a short compact person. Both required the use of forceps; the waters had escaped early in both, the soft parts were rigid, and the os-uteri in each, scarcely dilateable. The one was delivered without pain, recovered speedily and had not a single unfavorable symptom; the other had a tedious labor, suffered all that a woman could suffer under such circumstances, came near losing her life after the birth, and will require a longer time for recovery.

Burlington, 3d month, 21, 1849.

CASE OF ACUTE HEPATITIS, TERMINATING IN SUPPURATION AND RECOVERY.

By Wm. K. Mason, M. D.

Was called to see J. B., a young man of robust constitution, and twenty years of age. He had a fever of an inflammatory type, with severe pain in the right hypochondriac region, extending over to the epigastrium, and upward to the right scapula, with partial numbness in the arm of that side. These symptoms were attended with sickness of the stomach, and a bilious coat over the tongue; the attack was ushered in with a chill. I bled him freely, applied sinapisms

over the painful parts, and administered a dose of calomel and jalap, which brought away copious evacuations from the bowels; after this, he was put under the use of potass. nitras., and a strict antiphlogistic regimen was enjoined upon him. The next day all the symptoms had abated, and thinking the disease would soon pass off, I deemed it only necessary to recommend a gentle aperient, and left the case to the restorative powers of nature; but in about a week afterwards I was again called to him, on account of a great aggravation of all the symptoms. Since I saw him before, he had been out, taken cold, and was seized with a chill as in the first attack. I bled him again freely, and put him under the same treatment with the addition of Dover's powder to the mercurial, and a large epispastic over the right hypochondrium. For three or four successive days the pulse seemed to demand the abstraction of more blood, and the inflammatory appearance of the vital fluid, sustained the correctness of the practice. In about two weeks afterwards he began to have frequent rigors, and sometimes decided chills, with a slight cough, which gradually increased till he commenced expectorating a very fœtid, light green matter, of the consistence of pus; during this period he could not lie in the recumbent posture, without experiencing a sense of suffocation. At times he would eject from his stomach by emesis a quart at once of the same kind of greenish, fœtid matter. After this the expectoration and vomiting ceased for a while, and he could resume the recumbent posture of his body; but he soon became affected with a profusc diarrhœa, the discharge per anum being of the same character as that previously expectorated, and ejected by vomiting; the quantity evacuated in this way was very great, amounting probably to *several gallons in the course of two months. I inferred from the symptoms that the abscess must have formed on the concave part of the liver, and extended to the

*It is supposed by persons in daily attendance upon the patient, that ten gallons of this greenish fluid were thrown off during the time specified.

convex surface creating an adhesion to the diaphragm, and discharging the matter into the thorax; there were probably other adhesions to the surrounding viscera, but the matter that was vomited was probably taken through the ductus communis choledochus into the duodenum, and from thence to the stomach. He suffered the most excruciating pains, which he described as the "gnawing of a dog;" to allay them he was kept almost constantly under the influence of opium. He became very much emaciated, so that scarcely any flesh was left upon his bones; altogether it was the most singular case that ever came under my observation. I have been in practice some thirty-five years, and during that time my rides have extended over a tract of country, measuring fifty miles in length, and twenty in width, so that I have seen something of suffering humanity; but I assure you I never saw a case equal to the one I have attempted to describe, for the violence and continuance of the pain. After the purulent discharges commenced, I allowed my patient a more generous diet, and supported his strength by tonic medicines. Unexpectedly to myself and all his friends, he recovered entirely, and has since moved to the western country, and continues in good health.

It is mysterious how nature, even with her abundant resources, could withstand such a long continued drain upon the vital powers, attended as it was, with such excruciating pain; but the means employed were such as appeared to be indicated by the symptoms, and the blessing of Divine Providence upon them, secured the wished-for end.

Tuckerton, March 10, 1849.

BIBLIOGRAPHICAL NOTICES.

ANNUAL REPORT OF THE OFFICERS OF THE NEW JERSEY LUNATIC ASYLUM.

We have received from the Superintendent of the Asylum, the annual report of the officers of the Institution. It occupies a pamphlet of 45 octavo pages, and is embellished with a handsome engraving of the building. The managers' first report, the number of officers and their annual salaries, to be as follows:—The superintendent, $1500; matron, $300; assistant physician, $500; steward, $600; and treasurer, $200. The entire cost of the building exclusive of fixtures, amounts to $80,650, and all the personal property in, and about the edifice, as per inventory taken on the first of January, to be $11,057,09. It is stated that further appropriations will be required to complete the designs of the managers. They seem to have adopted the old maxim that "whatever is worth doing at all, is worth doing well;" and we believe it will be found to be the best as well as the cheapest policy. Some self-wise economists may esteem it an extravagant expenditure of public money for the benefit of the insane, who may not appreciate the amount of benevolent effort expended in their behalf; but the future will reveal the wisdom of such a policy; and the State, we feel assured, will never have reason to regret the liberal appropriations she has already made in this behalf, and we trust she will be always ready to draw from her ample treasury in support of so good a cause.

The superintendent makes a plain statement of the condition of the Asylum. There have been received eighty-six patients during the seven and a half months of its existence, forty-seven men and thirty-nine women; there have been

discharged cured, one man and two women—no death has occurred. The number cured appears to be small, but when it is considered that old and chronic cases, who have resisted all home treatment, are generally the first to be sent to such an institution, and that scarcely time sufficient for the cure of the majority of recent cases has elapsed since the opening of the Asylum, we may readily account for the apparent deficiency, and hope for a fuller report in future. We have not space to admit of further remark, but make the following extract from the superintendent's report, on the subject of the treatment of the insane. We believe that a copy of this, and the future reports, should be placed in the hands of every physician in the state. In no way can their interest and co-operation be better secured.

"The treatment of the insane in asylums, as elsewhere, is properly divided into medical and moral; the former including the use of general and local depletion, medicine, baths, regulation of diet, etc.; the latter, all those means and influences brought to bear upon the person in his new situation, as association with others, employment, amusements, regular habits of rising and retiring, of order and cleanliness, attendance on religious services, &c.

In determining the treatment, reference is necessary to all the causes known to have had an influence in the developement or progress of the case, whether nearly or remotely connected with it. With this view, his previous social, civil and domestic relations and pursuits, should be understood and considered.

The different classes of organs and functions should be carefully examined, to ascertain whether, and how far, his disease is connected with physical, mental, or moral causes, either separately or combined; and lastly, what are the true indications for treatment, in view of all these circumstances.

After this investigation, the medical treatment is conducted on the same general principles as are applicable in other diseases, being modified by the age, sex, peculiarity of constitution, and stage of disease. If there exists excitement, depression, or disorder, in any of the various organs or functions, it is sought out and corrected by a resort to the usual remedial means, having in view, of course, the modifications, if any, required on account of the mental disorder.

Next in importance to the medical, is the moral treatment of the insane; and, indeed, in many cases this is either superior to the former, or all that is required for the recovery of the patient. Under this head are included removal from home and the sources of irritation there existing, the care of strangers, who should be intelligent, kind and conscientious, and who have tact and experience to aid them in the performance of their peculiar duties. Such occupation and amusements as are adapted for their benefit, in view of their previous habits and pursuits, and the form and stage of disease under which they are laboring, in fact any and all moral motives, not otherwise contra-indicated, may be presented to the mind, as a means of enlisting their feelings, and of directing their attention from themselves and the morbid trains of thought in which they are inclined to indulge.

Of the fact, that the insane derive important advantage from association, in asylums, with due attention to classification, there can be no doubt.

The peculiar views of others, whether of a mirthful, serious, or even of a painful character, may serve the purpose, above named, of diverting their attention outwardly, and therefore prove salutary.

Hence the advantage of treating the insane in public asylums, rather than in private families, or even in private institutions, where the objects of interest and diversion are less numerous, and where the architectural arrangements and the general system of moral discipline and management are less perfectly adapted for the guidance of the erring and the control of the wayward and violent.

A point of great importance, and one that should be distinctly understood and *conscientiously* acted upon by the friends of the insane, is, that appropriate curative treatment be resorted to early after the attack. The statistical records of institutions for the insane, in all countries, show that a much greater percentage of recoveries occur of the persons treated within the first few months of the attack, or during the first year of the disease, than of those in whom it has existed for a longer period.

Summary of the Transactions of the College of Physicians of Philadelphia, from September 6, 1848, *to January* 1, 1849, *inclusive.*

We believe that by furnishing to our readers copious extracts from these published transactions, we are placing in their possession an amount of valuable information in a condensed form, which we feel assured is appreciated by them, as the circulation of the pamphlet issued by the College is mainly confined to its own members, and to the editors of medical journals. The profession of Philadelphia have always maintained a pre-eminence in the attainment of sound and practical knowledge, which renders their experience well worthy the attention of physicians everywhere; and coming as it does, sanctioned by the authority of a dignified body of men whose annals are adorned with the most honorable names of the most eminent pratictioners of the new world, gives it additional interest and value. The first part of the work before us is devoted to a conversation in regard to the prevailing diseases, and the influence of the weather in their production. In certain sections of the city and districts there has been an extensive prevalence of remittent fever, in some instances assuming a low form with such slight remissions as to approximate to fever of a *continued* type, and in the opinion of Dr. Condie, there has been a much greater prevalence of disease, than during a series of years immediately preceding; dysentery, bilious colic, neuralgic affections of the bowels, and obstinate diarrhœa, from slight causes, such as immediately preceded the visitation of the cholera in 1832, have prevailed to an unusual extent. And it is asserted by the same gentleman, that very dry and hot autumns are almost invariably attended with the prevalence of disease, but especially of fevers of the remittent type. Drs. Gibbons, Meigs, Coates and Griscom, concurred in the opinion that in those years when the ditches become dry, the wells refuse to supply

water, and the meadows are divested of moisture, the low forms of fever and dysentery are more apt to prevail.

Next follows an elaborate report on the "theory and practice of medicine," by Dr. Coates. The Dr. claims only to select from the "prodigious amount of the materials" which have presented themselves during so fruitful a year as the past; an outline of the progress in this branch of science, and confines his labors principally to notices and reviews of new medical works. Under the domestic head, the second edition of Dr. Word's elaborate work on practice; the anniversary discourse of Dr. Francis, of New York, on medical education; a recent publication by Dr. Henry Hartshorne, entitled, "Water versus Hydropathy," are briefly referred to. The observations on yellow fever by Dr. C. H. Kelly, of Mobile, in the Philadelphia Journal, are partially analyzed.

YELLOW FEVER.

Dr. Kelly defines yellow fever to be "a distinct form of continued fever consisting of a single paroxysm varying in duration, but without any true remission from its commencement to its close." Immunity from a second attack is considered a special characteristic of the disease. In treating of the pathology of yellow fever some important differences between the anatomical characters which mark this disease, and those which characterize gastro-enteritis, are drawn, the vessels of the intestinal canal present an appearance similar to those of strangulated animals, and there is seldom any indication of softening, ulceration or gangrene of the mucous membrane. The use of the lancet in the treatment of yellow fever is seldom beneficial after the very first stage of the malady. Warm or tepid baths, cold affusions to the head, frictions to the body and extremities, prior to enveloping the body in a warm blanket, and putting the patient to bed, are recommended; slight catharsis with mercurial medicines, injections, and Dover's powder, should be resorted to. Dr. K. has never known a fatal case follow

mercurial salivation. To arrest the hemorrhage, acetate of lead and nitrate of silver are employed, and benefit is generally found from blisters to the epigastrium in the early stage. To allay thirst, allow the patient to eat ice; to relieve gastive irritability, give a solution of camphor in ether, or a solution of bi carbinate of potassa, restraining the patient from the free use of drink. To prevent collapse in the latter stage, stimulants, and particularly opium are recommended; alcoholic stimulants, and sixty and eighty grain doses of quinine, have *not* been successful means of cure; the black vomit has not been arrested.

TYPHUS FEVER.

A paragraph is devoted by the Reporter to a brief notice of Dr. Sargeant's observations on the petechial typhus, attended with rose colored spots, with but few abdominal symptoms, which occurred at the Philadelphia Lazaretto. Dr. S. has in the opinion of the Reporter, been very successful in his treatment of these cases. Only four cases were lost out of thirty-seven, (11 per cent.) Tonics and stimulants were chiefly employed in the treatment, cold ablutions and stimulating lotions were of great service; a generous diet was allowed.

CONGESTIVE FEVER.

A paper on the subject of the congestive fever of the south and west, by Dr. Charles F. Lavender is referred to as containing valuable information. Dr. L. finds bleeding in this disease rarely to be tolerated. Patients will fall into an immediate and fatal collapse from the loss of a few ounces of blood. Quinine is the main remedy, administered in doses of from five to twenty grains every hour or two, till the characteristic effects are produced. Sometimes brandy and other stimulants are needed in large quantities, but are reported as being extremely dangerous in excess. Ten grain doses of calomel given every hour or two, have been of great utility. If before the cerebral congestion occurs, there

is purging of dark vitiated bile, the patient invariably gets well—recoveries occur from two to five days—death occurs in the majority of cases in the second paroxysm; sometimes in the first.

DR. HASTINGS ON YELLOW FEVER.

Dr. H., who has had large experience and has been very successful in his treatment of yellow fever, asserts that the disease is not contagious, cites examples to prove it, and is convinced that second attacks are quite common. His treatment comprehends free bleeding till the fever and head ache abates, and sometimes till syncope is produced. To allay the vomiting of the cold stage, a large blister is applied over the abdomen. Scruple doses of calomel, with morphia, in quantities sufficient to allay the nervous excitement, are administered, the blisters are dressed with mercurial ointment in order to produce ptyalisin which is continued for seventy-two hours, during which time the patient is not allowed a mouthful of nourishment, or even drink. Sulphate of magnesia, injections of castor oil and turpentine, are employed to keep the bowels open, and ice water to the head. The surface is sponged with cold water if heat and dryness are present to indicate it. The success claimed is as follows:

1841, U. States brig Jefferson arrived at Indian Key—a number died; but he believes none who were landed within the first three days.

Schooner Otsego; every officer and man on board affected with the fever. Dr. M'Kinley and a seaman died on board. All the rest went into hospital, and none were lost.

Same schooner returned with an entirely new crew. All were again affected with the fever. They arrived in two days at Indian Key; all went into hospital, and all recovered.

The expedition they relieved lost several men on the coast; and three died; having come into hospital after being sick several days.

At Tobasco, in 1847, more than three hundred cases; "no death from the fever."

The U. S. steamer Mississippi, in the same summer, more than four hundred cases; only two deaths.

The late Dr. Howard Smith and Dr. Hastings, at the naval hospital, island of Salmadina;—thinks over four hundred cases. Deaths. Of those received within the first forty-eight hours; Dr. Kearney, Lieutenant commanding Chauncey, Dr. Howard Smith and master of arms Bates; four officers, no men. Of those received from the fourth to the seventh day, Dr. Bates, and eight non-commissioned officers.

Dr. Hastings finds this to prove a mortality of only one-half per cent. of all those received within the early stages of the attack; and publishes extracts from Lieutenant Simon F. Blunt and Dr. T. M. Potter, confirming his estimates of the violence, severity, and prevalence of the disease.

The aim of Dr. Hastings appears to have been to cure this fearful disease by the simplest possible means. His ample opportunities for witnessing the malady in all its forms, opened a wide field for experiment, but he has wisely chosen to use familiar means, the effect of which he could safely estimate, in preference to the employment of new and uncertain remedies.

CASE OF WM. FREEMAN.

Under the head of Psychological medicine, the case of Freeman, the murderer of the Van Ness family is mentioned, and facts stated which show that there existed in the prisoner, mental disorder, attended with extensive disease of the pulmonary organs, &c.

Four days after the murders, he was found by Dr. Fosgate entirely deaf of the left ear and partially so of the right. He had unequivocal pulmonary consumption, an abcess which burst and discharged profusely from the left ear, his hearing was ultimately nearly or quite destroyed. Three weeks before his death, his left eye protruded so far that he could not close the lid over it; and the eye was deprived of sight. The left side of the face was paralysed, and the mouth drawn to the right. If I understand aright, the right eye was also affected, as he is spoken of as "almost blind."

The dura mater was found in a state of congestion at its anterior portion, with effusion of serum between the membrane and the arachnoid. There was also a small adhesion to the occipital bone. The pia mater was thickened and in a state of congestion; particularly in the superficial vessels

of the right anterior lobe; and the anfractuosities of the right hemisphere were filled with serum. There was an increased amount of blood throughout the whole upper part of the brain. The petrous portion of the left temporal bone was the seat of a caries and a necrosis, the internal ear and membrana tympani almost obliterated, and the dura mater covering this bony part in a state of congestion.

The brain weighed only two pounds, eleven and three-quarter ounces. Phrenological descriptions and measurements are given; from which we gather that self-esteem and firmness were very large, combativeness and destructiveness large, and the other organs small, except the intellectual, which were moderate.

Dr. Fosgate infers, in common with those parties who moved the Supreme Court for a new trial, that this subject was of deranged mind, and not a responsible agent, at the time of the murders. In this your reporter joins him; but begs leave to suggest a further reflection, in favor of which recent evidence has accumulated, as far as parallel cases can go, to a very serious amount; the inquiry whether in this man, principally of negro origin, imprisonment has not itself produced the consumption and other tubercular disease. In this case, would it not appear that the State which acted to spare the offender in four murders, itself inflicted death for a larceny of which the party is now believed to have been innocent, and caused the massacre it was preparing to excuse?

Intermittent fever is mentioned by Dr. Telfer of the Insane Asylum at Toronto (York) Canada, as a frequent cause of insanity. Dr. Bell, of the McClean Asylum, Boston, has observed among physicians having charge of the insane, a manifest tendency to return to the principles of treatment formerly adopted by Penil and Tuke; and the remarks of Dr. Evans, of Frankford Asylum, near Philadelphia, in favor of the frequent use of frankness to the insane, instead of treating them as irresponsible beings, are commended to the attention of the profession. Other subjects of interest are to be found in the department of the report devoted to domestic intelligence, but having selected the most important we pass on to a brief notice of the foreign department. This is chiefly occupied with a summary of the intelligence which has from time to time appeared on the subject of cholera.

CHOLERA.

Nothing novel in the treatment is presented in the report that we have particularly noticed except the fact that the "cold treatment should be preferred to external heat." It is asserted that there is direct evidence to prove that "the number of human lives that have survived is much greater by suffering the patient to remain cold." The fact that cholera patients complain of torture from the application of heat to the surface, and that the flesh of cold-blooded animals resists the approach of local death much longer when kept at a low, than at a high temperature, is adduced in support of the doctrine in favor of what is called the "cold treatment." The Reporter is evidently a non-contagionist, and announces that the practical question as to the contagious character of Indian Cholera is already clearly decided on the non-contagionist side. On the subject of

VARIOLOUS EPIDEMICS.

A conversation took place among the Fellows in which some striking instances of infection were mentioned.

Dr. Morris stated, that during a slight prevalence of variolous disease, he had met with some cases which he could not trace to contagion. While in attendance on the first small-pox patient to whom he had been called at that time, he was sent for to visit a family in which no small-pox had appeared, and the members of which had not been exposed to the variolous contagion. As he entered the room and sat down, a lady, who was laboring under severe mental emotion, seated herself beside him, laid her head upon his shoulder, and sobbed. Ten days subsequently, she was attacked with variolous disease.

Dr. Stille remarked, that a somewhat similar case occurred some years since to one of the Fellows of the College. Coming home one day wearing a cloak, in which he had visited a case of small-pox, as he entered the door of his house his wife ran to meet him, and threw herself into his arms. Soon afterwards she was attacked with the disease.

Dr. Evans related the following case of disease:

A female of very feeble constitution, who had been for a long time confined to her chamber in consequence of spinal

disease, whilst lying upon her bed, eating a portion of sponge cake, complained of a sense of choking, and immediately a tumor was observed to rise on the right side of the neck. Dr. Swift was first called in, and noticed the tumor gradually to enlarge, until it attained the size of a hen's egg; the patient complained of a sense of constriction and numbness extending up the neck. When Dr. E. saw the patient, which was shortly afterwards, he found the tumor upon the neck to be one inch above the sternum, immediately over the right carotid at its bifurcation, and beneath the sterno-cleido-mastoideus muscle, and fascia of the neck—there was no discoloration of the skin—the tumor was dense, inelastic, and perfectly circumscribed, and pulsated when the hand was laid upon it—the patient's head was bent over to the right side—she complained of numbness of the right side of the neck, and of overfulness of the head. It was at first supposed that the tumor might be aneurismal—at the same time, this conclusion was opposed by the dense and circumscribed character of the tumor;—the pulsatory movement might be referred solely to its position over the carotid artery, as no pulsation of the tumor itself, could be detected. Dr. E. not being able to satisfy himself as to the exact character of the tumor, requested Dr. Hartshorne to see the case with him. Dr. H. considered it not to be aneurismal, and suggested that the tumor might have been gradually forming without being observed, in consequence of its having been bound down by the muscle and fascia of the neck; its apparently sudden appearance being occasioned by its escape from its previous confinement. Dr. Evans suggested the possibility of the tumor being probably caused by an enlargement of the thyroid gland. A compress, wet with a solution of potass. hydroid. was applied, and covered with a piece of oiled silk, over which another compress was laid and kept constantly wet with cold water. Leeches were deemed inadmissible in consequence of the debilitated condition of the patient. The tumor continued of the same size for three days; on the fourth day it began materially to change in its appearance. It had extended over the trachea to the left side, had become more compressible and soft, with a sensation as though it were upon the point of bursting during the paroxysms of coughing. There was now sufficient evidence that the tumor was caused by an enlargement of the thyroid gland. It has since then gradually diminished in size. Upon the first appearance of the tumor, the patient's breath-

ing was somewhat oppressed; there was a sense of constriction about the throat, with a disposition to cough, attended with a feeling of great distress.

Dr. Evans wished to learn from Fellows present, whether any of them had met with a similar case.

Dr. Parrish stated, that he had seen a case bearing considerable similarity to the one just described. A lady became greatly alarmed from the sudden occurrence of a swelling on the side of the neck, with considerable oppression of breathing. When Dr. P. saw her, the tumor was of the size of a walnut, elastic, and over the situation of thyroid gland. The patient was asked to swallow, and in the act of so doing, the tumor was seen to move. Particular inquiry was made as to the previous existence of a swelling in the part, which the patient answered in the negative. It continued to enlarge for two or three days; leeches and cold applications, followed by the ointment of iodine were applied. The tumor gradually disappeared. Dr. P. concluded that the tumor in this case had resulted from an attack of acute inflammation of the thyroid gland. The sense of oppression, he was inclined to believe, was partly nervous from alarm at the sudden occurrence of the tumor.

THE ANNUAL REPORT ON MIDWIFERY,

By Dr. Griscom, contains the most important facts which have been submitted to the profession in this branch of medical science for the past year, from which we make the following extract, as being the most novel and interesting,

TRANSFUSION.

Dr. Waller reports a case, in the Medical Times for January, 1848, in which hemorrhage at the eighth month had reduced the patient to an almost hopeless condition; countenance blanched, pale and livid lips, cold extremities, laborious respiration, general coldness of the surface of the body, and pulse scarcely perceptible. In short every thing indicating approaching dissolution. Stimulants freely given failed to produce even a temporary improvement. Transfusion was resorted to. "When about five ounces of blood had been introduced the amendment was evident," but the blood flowing sluggishly from the arm of the female who supplied it, the operation was suspended, and "nourishment and stimuli" resorted to. In about two hours she again

began to sink; the unfavorable symptoms returned, accompanied by jactitation; about four ounces of blood from the same individual produced no relief; the blood again flowing sluggishly; but an injection of two ounces, which flowed in an impetuous stream from the husband's arm, produced a marked improvement in the patient's pulse. When nine ounces had been injected the countenance was much improved; a slight color was perceptible in the cheeks, and some pain in the arm was complained of; after the introduction of four ounces more all the symptoms of immediate danger vanished; the relief was perfect; "she only complained of excessive fatigue with an inclination to sleep." After a sleep of some hours, a portion of the detached placenta was expelled, and a dead child and the remainder of the placenta followed; the woman recovered.

The subjects of Uterine Hemorrhage, Placentæ Previa, Rupture of Uterus, Spontaneous Evolutions, Turning, &c., Puerperal Convulsions, Anesthesia, &c., &c., &c., occupy their respective departments in this elaborate report, and we regret that our limits will not admit of a more extended notice of it.

ANESTHESIA.

Dr. Gibbons introduced the subject of anesthesia by reference to the case of supposed hydrophobia occurring in a lady residing at Camden, N. J. Professor Jackson who had attended the lady was not prepared to assert positively that the case referred to was one of true rabies canina, for there were many important features of that disease absent, and there was even no certainty that the dog by whom the patient was bitten was rabid. Dr. Bond related the case of an extraordinary nervous disease in which convulsions were produced by an effort to turn in bed, in which chloroform has been successfully employed.

Professor Jackson stated the case of a lady laboring under a stricture of the upper portion of the rectum attended with violent convulsive paroxysm, which was relieved by the use of chloroform. Chloroform was repeatedly given by the mother of the patient, for two or three weeks in succession;

the quantity being increased as its effects diminished. Dr. J. was sent for one morning and found the mother in great alarm in consequence of the quantity of chloroform which her daughter had taken. She had inhaled two ounces in the course of the evening, then two ounces more, and an additional ounce in the course of the night; being five ounces inhaled from 5 o'clock P. M. until 10 o'clock of the ensuing morning. Since that time she had no return of her spasms.

Dr. Bond had administered a mixture of chloroform and assafœtida with successful results in a case of trismus nacentium occurring in an infant of a week old. Dr. Hays had employed it to produce local anesthesia in an obstinate case of neuralgia occurring in a gentleman fifty years old, after all the usual remedies had failed to produce relief, with the most happy effect; Dr. H. is not prepared to decide whether the relief experienced is to be attributed to the local anesthesia, or whether it is to be considered as a mere coincidence.

Drs. Parrish and Griscom related cases of its beneficial employment in obstetric practice. The testimony of other Fellows of the College was borne to the safety and efficiency of ether inhalation as an anesthetic agent.

An obituary notice of Henry Neill, M. D., late Vice President of the College, by Dr. J. M. Paul, is also found in the pamphlet before us. The three last words of the notice are all that we shall copy;—he was a "truly Christian Physician."

An illustrated system of Human Anatomy, special, general and microscopic, by Samuel George Morton, M. D., &c., &c., with three hundred and ninety-one engravings on wood. Grigg, Elliott & Co., Philadelphia, 1849.

From some acquaintance with the peculiar fitness of Dr. Morton for producing a work of high merit on a subject in

the study of which he has long been engaged, we looked forward with unusual interest to the appearance of the volume now before us. An examination of its contents has convinced us that the author has added a highly valuable work to the long list of productions upon the same subject. In some respects, this treatise must be regarded as original; for although it announces no new discoveries, its general arrangement and the felicitous grouping of the several departments of special, general and microscopic anatomy, give it a distinctive character not possessed by any other anatomical work.

The illustrations too, are admirable, and so numerous that it seems as though almost every important fact stated, has its pictorial symbol. There is nothing more calculated to enforce truth upon the mind of the student, and to fix facts upon his memory, than this method of figuring before him the parts described, thus enabling him to appreciate them at a glance, and if he has been familiar with them before, to call them up in a moment, without the labor of wading through a long description. An illustrated volume of this description becomes therefore exceedingly valuable not only to the beginner in anatomical study, but to the practical physician and surgeon, who is constantly desiring to refresh his memory upon points which in the variety of other pursuits may have escaped him.

In this volume the reader will also find, all the latest information upon that wonderful science which is just now unfolding its secrets; namely—microscopic anatomy; the "cell doctrine;" the origin, growth and microscopic characters of the different tissues of the body, so far as they have been revealed, are here set forth with a clearness which disrobes them of much of the mystery with which we have been accustomed to regard these minute investigations.

The author has also relieved the dry details of anatomical description by the introduction of physiological facts or doctrines, thus connecting structure with function, and exhibit-

ing the harmony between them. His remarks on the bones of the head and face, the facial angle, the periodical changes in the form of the head, its artificial modifications &c., are of this character.

But it is not our intention to enter into an analysis of the contents of the volume; we would only in this brief notice give to our readers a general idea of what we deem its peculiar merits; as a system of anatomy, we regard it as complete, thorough and perspicuous, it makes us acquainted with the wonderful science *as it now is*, while it illustrates every portion of the structure of which it treats with a clearness and simplicity, which renders its pages not only instructive but highly attractive to the reader.

On the Cryptogamous origin of Malarious and Epidemic Fevers, by J. K. Mitchell, A. M., M. D., Professor of Practical Medicine in the Jefferson Medical College of Philadelphia. Lea & Blanchard, 1849.

The work before us is a small octavo volume of one hundred and thirty-seven pages; comprising the substance of six lectures delivered by Professor Mitchell to the class of Jefferson Medical College. Any thing that may be presented to the profession upon a subject so obscure as the origin and causes of fever, is calculated to excite close attention, particularly when clothed with the authority of a distinguished professor of one of our medical schools. Dr. Mitchell, however, does not assert his theory to be true, he presents it as a *plausible* explanation of the origin of fever. We cannot state the views of the author in presenting his thoughts to the medical public, so well as by copying his own language at the commencement of the second lecture.

"In offering to your attention and consideration a theory of malaria, I profess to do no more than present a review of the phenomena which seem to render it probable, without supposing, that, on so difficult and important a subject, I can

produce, in your minds, the thorough conviction, which, nothing short of a positive demonstration, could bring home to my own. Not thoroughly convinced myself, I can only be excused for occupying your time, by the belief that the theory I am about to offer, is not only very plausible, but is associated with agreeable and useful collateral inquiries. If we should not discover at the end of our journey, the truth, the search after which has lured us to the path of observation, we shall enjoy, at least, beautiful scenery by the way, and sometimes pluck a flower, and sometimes find a gem.

Standing at St. George's, in Delaware, more than twenty years ago, upon the bottom of what had been, a short time before, a mill-dam, I found around me the undecayed stumps of trees which had been, for one hundred and seventeen years, submerged in fresh water. Two or three years thereafter, I again visited the spot, and saw that these stumps, no longer wet, but damp, had been entirely disintegrated by the dry rot, and that they crumbled in the handling. In the handful of dust which I picked up, I found innumerable spores of what I supposed to be Polyporus Destructor, and Merulius Vastator, cryptogamous plants, whose active existence had been bought at the expense of the old stumps. In a moment I conceived that, perhaps, the miasm, so much dreaded in that place, might be, *directly* or *indirectly*, the product of these urgers on of a more rapid decomposition. It was a loose thought at the time; but it gave me a disposition to collect the phenomena which might prove or disprove the agency in the generation of malaria, of living, not of dead plants.

A part of my collection I now offer you. In doing so, I shall present only the affirmative side of the question, believing that no one else is likely immediately to sustain so revolutionary an opinion, whilst professional emulation, habitual prejudice, and even love of truth, will subject it to a sufficiently rigorous opposition. You have, therefore, due notice of the guarded manner in which you are to receive my *ex parte* observations, a notice which I cheerfully give, for I have much confidence in the force of my subject, and do not love my theory well enough to wish its establishment at the expense of truth or reason. Take it, then, for what I may show to be its worth."

We have not space to devote to further extracts from the book; suffice it to say, that it is an ingenious argument in favor of the organic origin of malaria, and of the poison

being a *vegetable* production; facts are adduced to show that the vegetable virus is most active during the seasons when fevers mostly prevail, that it is most potent at night, and affects particularly the autumnal season. The recent microscopic discoveries which prove a frequent connection of vegetations with cutaneous and mucous diseases, and the fact that cryptogamous plants exercise a creating power, are brought forward in support of the doctrine advanced by the author. The work is small and cheap, and should be in the hands of those who are curious upon the subject upon which it treats.

Report of the Pennsylvania Hospital for the Insane, for the year 1848, *by Thomas S. Kirkbride, M. D. Philadelphia,* 1849.

The report of Dr. Kirkbride for the past year shows the institution over which he presides to be in a prosperous condition. Two hundred patients were under treatment at the close of the year. The total number at the Hospital during the year being four hundred and three. One hundred and twenty were discharged cured, and of this number fifty-seven were residents of the Hospital not exceeding three months; thirty-five between three and six months, twenty-four between six months and one year, and four for a longer period than one year. The usual annual course of lectures by Dr. John Cunven, the assistant physician, has been full, highly satisfactory and useful. Forty-seven lectures have been delivered by himself, and a number of others by gentlemen not connected with the institution. We believe the practice of lecturing to the insane upon miscellaneous subjects, accompanied by illustrations and experiments was first carried into execution in this Hospital by Dr. Cunven. We hope to see it adopted in our own Asylum, and other similar institutions. We regret our inability to allow more space to the notice of this report.

NEW JERSEY MEDICAL REPORTER.

BURLINGTON, FOURTH MONTH, (APRIL,) 1849.

CHERRY PECTORAL.

We insert on the cover of this number, the Formula of an Anodyne Expectorant, called "Cherry Pectoral," which purports to be a valuable remedy for certain pulmonary diseases. It is a preparation of J. C. Ayer, a chemist, of Massachusetts, and has received the sanction of several distinguished professors of medicine, in different parts of the country.

The formula of its preparation having been promptly furnished to the profession, we are willing to give it publicity, much as we abhor even the semblance of quackery. It claims as its distinguishing characteristic, the presence of free, permanent hydrocyanic acid, and the value of this article is well known in the treatment of pulmonary diseases.

NATIONAL MEDICAL ASSOCIATION AND MEDICAL COLLEGES.

The approaching meeting at Boston promises to be equal in interest to its predecessors for the number and talent of the members who will compose it, and for the subjects which will claim its attention. Already some of the strongest men in our profession are appointed as delegates, and the most of them evince a warm interest in the prospects of the association. In addition to the scientific reports and discussions, and to the business immediately connected with the organization of the body, we anticipate a renewal of the absorbing topic of medical education. The great body of the more intelli-

gent medical men of the country are dissatisfied with the existing defects in our present system, and are anxiously looking for a remedy. The adoption of a higher standard of requirement for the degree, at the meeting in Philadelphia, and the recommendation to extend the courses beyond the old limits, have, it is true, been beneficial, inasmuch as two of the oldest and most respectable Medical Colleges of the country, have greatly improved their courses by acting in accordance with these suggestions. So far we may rejoice; but the great mass of the medical schools pursue the old track, and others have sprung up, upon a basis still more superficial than those against which complaints were originally made. In a word, the competition in medical teaching, which has cheapened and degraded the profession, is still in full activity; and is even, we fear on the increase. The facility with which the degree is acquired, was never greater than it is now. The forms and conditions once attached to its possession, though they may exist in print, and may even be incorporated into the charter, by which the college professes to be governed, are, we have reason to believe, often disregarded, for the sake of adding to the list of graduates, or of swelling the catalogue of the institution. Men who but yesterday were engaged in some other calling, are suddenly transformed into doctors, aud their names appear amongst the successful candidates for the degree in the list of some legalized institution, to the surprise even of their friends. By what talismanic method this change is effected, the uninitiated may not know; they can only assure themselves that it was *not* done by the regular old fashioned mode, which was in vogue when two or three medical schools divided between them all the candidates, and when the professors who occupied the chairs, were amongst the most accomplished, learned and conscientious men of their times. Unfortunately the spirit of charlatanism, which under the name of "fair competition," has infused itself into so many of the pursuits of life, and which is tolerated and even encouraged

by the people generally, has entered into the halls of science, and has disrobed truth and knowledge of their dignity, and made learning a matter of bargain and sale. The evil of this is felt in the low standard of ethics, which must prevail amongst men thus educated; and in their general incompetency to practice, one of the most responsible of human pursuits.

The simple possession of a degree from a chartered Medical College, gives to the holder not only a right to practice, but a right to be received as a confiere with those engaged in the same calling. He can claim fellowship in a medical society, can be represented in county, state or national societies, and can even sit there as a member, if so delegated. In the present state of medical education, is this fair? Should the graduate of a college which disregards the will of the profession as expressed through its recognized channels; and which thus claims independence of the medical community, be admitted to a seat in a medical body, on an equality with those who have complied with the regulations generally acknowledged as essential in obtaining the degree? This is a question which we think, the association will at some time, be called upon to decide. There should certainly be a line drawn between the faithful and the recusant colleges; and if the national association undertakes to exercise a supervision over medical education at all, (which we conceive is one of its most important objects,) it is strictly within its province to investigate the standing of the colleges, and to acknowledge or disavow them. It is not probable that the association or its auxiliaries can prevent legislatures from granting charters to medical schools, nor can they control the internal administration of the institutions; but they can say which they are willing to approve as trustworthy, and whether or not they will receive into their fraternity, the graduates of this or that medical school. So far then, as membership in the National Medical Association, or its auxiliaries may be advantageous to the character and standing

of the physician, and so far as its approval or rejection of the claims of a medical school may influence its success, it can exercise a supervision over medical teaching.

Other plans have been suggested, more radical and controlling in their operation. The separation of the teaching and licensing power, the payment of fixed salaries to the professors, and the institution of a national medical college, under the control of the association, and sustained by governmental aid, have all been recently discussed, in medical bodies.

The first has been the settled plan of New Jersey for more than half a century, and its practical operation has been beneficial. Practitioners coming into this State, must submit themselves to an examination of a Board of Censors elected by the State Society, irrespective of a diploma, no matter where obtained. By this act the profession of New Jersey vindicate their right to decide who is qualified to enter their fraternity; and the law co-operates with them in giving effect to their decisions by excluding such as they deem incompetent. Here, after all, is the recognition of the true principle, and although there may be at present great difficulties in its general adoption, yet we cannot but admire the idea, and recommend its adoption where the medical organization of the State is sufficiently perfect—and where favorable legislation can be procured.

We observe that this plan of separating the teaching from the licensing power, has been recently brought before the New York Academy of Medicine, by the venerable Dr. Manley, in a series of resolutions affirming its necessity, and urging its consideration upon the approaching meeting of the National Association to be held in Boston, and from the favor with which the proposition is still entertained by many enlightened physicians, it is not improbable that it will meet with a strong support in that body.

The plan of affixing salaries to the Professors of Medical Colleges, with a view of arresting the evils of competition,

is, we believe, a favorite idea with Dr. Stevens, of New York, the eminent President of the National Association, though we are ignorant of the method, by which it is proposed to carry such an idea into effect. If Dr. Stevens has matured a plan, it will probably also be brought before the association and meet with due consideration.

The project of establishing a National Medical School, under the patronage of the general government, which shall embrace all the reforms aimed at by the friends of an improved system, and shall be a model institution, alike creditable to our age and country, certainly affords a pleasing prospect; while to fix satisfactorily the details of the plan and to believe in the probability of carrying it out when matured, requires a stretch of faith which we fear, few, even of the most sanguine possess.

We observe, however, that the intelligent editor of the Buffalo Medical Journal, in a recent editorial on this subject, advocates the plan with considerable earnestness, and is so hopeful and even confident of its practicability, that he seems almost to persuade us to try. "To effect it," says he, "the profession have only to resolve that it *may*, and *shall* be done." But alas, what can we expect, or what have we ever gained from legislation? The fact of any project which may be submitted to Congress, being truly national, philanthropic, and in the highest degree useful, is not sufficient to commend it to the favorable regard of legislators. There are so many diverse interests to be reconciled, such a multiplicity of subjects which absorb the attention of physicians more strictly personal and political, that but little hope can be entertained of engaging them in disinterested efforts, for the advancement of medical knowledge. Physicians have no favors to dispense, and their influence upon public men and measures is limited, however highly individuals amongst them may be esteemed, for their private and professional worth.

Still we have no objection that an effort should be made to organize an institution which shall represent the ideal of a good medical school, and shall afford an opportunity for an extended and thorough medical education, to be under the control of the National Association, provided a plan could be agreed upon which should meet the approval of that body.

We have thus presented the several propositions, which have been recently announced, to meet this difficult and embarrassing question; there may be other methods more effectual or practicable, which may be submitted for consideration at the ensuing meeting at Boston. The subject of the degrading competition in medical teaching, and of the manifold evils growing out of it, must be considered and a remedy applied, so far as it is in the power of the profession in their collective capacity to act. That the assembled wisdom of this numerous and intelligent body of men, may be adequate to the exigencies of the case, and may rescue our noble science, from the degradation to which it is exposed, from the influence of a mercenary spirit, must be the sincere desire of every conscientious physician.

PSEUDO-MEMBRANOUS LARYNGITIS IN A PREGNANT FEMALE.

Some three months since we were called to visit a young married female who was laboring under what was supposed at the time to be a case of bastard croup, or the laryngisimus stridulous of Good. She had recently lost her husband, was desponding and nervous, and looking forward to her accouchment with much anxiety. Her breathing was quick and laborious, her pulse excited, her voice reduced to a whisper, her nervous system greatly deranged. Supposing her disease to be dependent entirely upon a spasm of the glottis, she was treated with nervous stimulants, as assafœ-

tida, musk. &c., after free catharisis with a mecurial pill and rhubarb. Fomentations were applied to the throat with a view of relaxing the spasm, and we left her, confidently expecting to find her better in a few hours. At our next visit her symptoms seemed more alarming, there was no relief to the breathing, the pulse was more rapid, the skin was hot, and fever was evidently present. The medicines which she had formerly taken were now discontinued; and it was determined to make a mercurial impression upon the system, feeling confident that the case was one of membranous croup—for although we had never seen a case of the kind in an adult, the peculiar characteristics of the disease became very evident. Two grains of calomel were administered every two hours, and continued until the gums became slightly sore. Assafœtida injections with laudanum were administered to calm the restlessness of the patient, who had become exceedingly alarmed and agitated. We were afraid to administer emetics on account of the danger of producing miscarriage, as our patient was in the sixth month of pregnancy. Up to the period when the gums became affected, she breathed as if through a quill. Now, there was a slight rattling in the windpipe, the breathing became more convulsive; the patient asked to be raised in bed, was in constant fear of strangling, said she felt something like a worm in her throat, —and we determined to administer an emetic. To this she objected, saying she felt as if she would vomit without it. In a few minutes more, she discharged a false membrane about an inch in length, tough and leathery to the feel, and tubular in shape. She was much relieved of oppression, breathed more quietly, but not naturally. Soon after she threw off another small piece of membrane of the same consistence and appearance as the former. From this time she recovered rapidly, and has within a few days been delivered of a healthy female child.

THE ENSUING ANNUAL MEETING.

We have recieved a letter from the President of the New Jersey Medical Society, requesting us to remind the delegates to the ensuing annual meeting, of the importance of being early at New Brunswick in order to accomplish the necessary business of the society during the day. The trains of cars leave Philadelphia and New York at an early hour in the morning, (six o'clock, we believe,) and if delegates who are to reach New Brunswick by railroad will take the earliest line, there will be no difficulty in organizing the society at 10 o'clock. We think this important, as subjects of unusual interest will claim the attention of members. The proposition from Salem to return to the old system of examining candidates for license, embraces an entire revolution in the present policy of the society, and it is important that every delegate should be at his post in good season. Other subjects of equal interest to the welfare of the society, and of the profession, will be presented, and we trust the suggestion of the President will be remembered and adopted. We have long thought that the short time alloted to the annual meeting, and the great amount of business which necessarily claims its action, has a tendency to impair its usefulness, and we cannot but hope that the attendance of the delegates at the ensuing meeting will be prompt and punctual.

CAMPHORATED CHLOROFORM LINIMENT.

A communication from the London Lancet, published in the Eclectic department of our last number, gives a formula for preparing a mixture of Chloroform and Camphor, held in solution by the yolk of an egg; thus procuring a very elegant preparation by which a larger dose of camphor can be administered, than by any other known method. We have tried this remedy in several instances, and have found it to afford relief in an obstinate case of flatulent colic, and

in several cases of Dysmenorrhea. In the latter complaint we believe it to be a valuable remedial agent; and we refer to the fact of the powerful solvent properties of chloroform, to introduce to the notice of our readers, a liniment that has been prepared by Wm. B. Price, an enterprising druggist of this city, where olive oil is used as the vehicle of the compound of camphor and chloroform, instead of the egg, as mentioned in the communication referred to. The officinal Linimentum Camphoræ of the U. S. Dispensatory contains half an ounce of camphor to two fluid ounces of olive oil, but it has been ascertained by the gentleman referred to, that by the aid of chloroform a much larger quantity of camphor may be held in solution, thus increasing greatly the strength of the compound. As three drachms of camphor are perfectly soluble in one fluid drachm of chloroform it is clear that the strength of the officinal liniment may be greatly increased by the use of the latter solvent. The present formula gives us half an ounce of camphor to two fluid ounces of oil; by dissolving the camphor in chloroform, it may be increased in weight to one ounce and a half, and will be held in solution by the same quantity of oil, with the addition of two fluid drachms of chloroform, to give an anesthetic property to the liniment. We have used this liniment in a few cases of local pain from neuralgia and rheumatism with good effect. Our patients speak of it as a soothing and pleasant remedy;—it is worth a trial.

EDITORIAL CHANGES.

Professor R. M. Huston has withdrawn from the editorial charge of the "Medical Examiner," and is succeeded by Drs. Francis G. Smith and David H. Tucker.

The editorial department of the "Western Journal of Medicine and Surgery," has been relinquished by Drs. Drake and Colescatt in favor of Professor Gaudell.

The New Orleans Medical and Surgical Journal has passed from the hands of Professor Harrison, and is now under the control of A. Hester, M. D.

The Missouri and St. Louis Medical and Surgical Journals have been united, and the new Journal is edited by Professors Linton, Moore, McPheeters and McDowell.

VALEDICTORIES.

The usual variety of valedictories has been received, but their number, and the variety of subjects embraced in them, prevents any further notice than a mere acknowledgment.

HOSPITAL REPORTS.

The usual report of the Massachusetts General Hospital, has been received, with the report of the Pennsylvania Hospital, and our own Asylum; but our usual acceptances in this department have not yet reached us.

ITEMS.

A Double-Headed Child.—There has lately been presented to the Baltimore College of Dental Surgery, a monster in the shape of a white male infant. The two heads and faces are distinct except along their line of junction, which occurs at the forehead, cheeks, chin and base of the lower jaw. Each face has a *hare lip* which extends back through the palate, forming a communication between the nose and mouth.

Antidote to Chloride of Zinc.—Dr. Stratton of Edinburg, from experiments made by him, concludes that either carbonate of soda, carbonate of potash or common soap, is an antidote to the chloride of zinc. The dose will be a drachm of soda, or half a drachm of potash to a drachm of the zinc, or a proportionate quantity of soap, which contains only from six to ten per cent of the alkali.

Indiana Central Medical College.—The Indiana Asbury University has organized a Medical Department, to be located at Indianapolis. The following gentlemen compose the Faculty:

Dr. J. S. Bobbs, General and Special Anatomy; Dr. L. Dunlap, Surgery and Surgical Anatomy; Dr. T. W. Cowgill, Theory and Practice of Medicine; C. M. Downey, A. M., Chemistry and Pharmacy; Dr. J. S. Harrison, Materia Medica, Therapeutics and Medical Jurisprudence; Dr. G. W. Mears, Obstetrics and Diseases of Women and Children; Dr. R. Curran, Pathology and Physiology.

The first course of lectures will commence on the first Monday of November next, and continue four months. The following are the fees: Tickets of each Professor, ten dollars; dissecting and matriculation tickets, five dollars each, and the graduation fee twenty dollars; making in the aggregate one hundred dollars.

Monstrosity.—A most singular case of Congenital Deformity was presented at Dr. Parker's Clinique on Monday last—a child three months old, apparently healthy, was born with the Tibia of both legs apparently broken and united again, with the bone bent at an angle of 45 degrees, and several dimples in front of the prominent end of the tibia, as though the rough end of the bone had at some time projected through. There were four toes on one foot, and three on the other.

Secret Medicines in Iowa.—Dr. Crawford has introduced into the Iowa Legislature, a bill to compel every vender of secret nostrum, to place a label upon the bottle or package containing it, stating its ingredients, &c. This is so just and proper, that we are surprised such a law is not passed and executed in every state in the Union. We do not know the fate of the bill, but wish Dr. C. success in his laudable efforts. His report to the Legislature on Quackery, has also been received.

Professor C. J. B. Williams has announced that after the present session, he will retire from the University College. Thus it appears that the ill-advised course toward Professor Syme, of Edinburgh, will result in the prostration of the renowned University.

Death of Dr. Prichard.—The London Athenæum announces the death of this distinguished physician and eminent author. His "Researches into the Physical History of Man," and "Natural History of Man," have gained for him a high and extended reputation. To the profession, he was also known for his excellent work on Insanity. Of late years, he had devoted himself almost entirely to the study of Ethnology—the result of which, was the very elaborate and learned "Researches." He died in London, Dec. 22d, 1848, æt. 62.

Rush Medical College.—On the 22d of February, degrees were conferred at this institution, located in the city of Chicago, Illinois. A discourse by Dr. Brainard, the professor of surgery, is represented to have been very able in defence of the science of medicine against the hostility and perpetual warfare of ignorant empirics. Eighteen gentlemen received their diplomas and the degree of M. D. Professor Blaney announced that the honorary degree of Doctor of Medicine was conferred on Thomas Hall, of Toulon, Ill., and James H. Buel, of Williamsport, Ind.

Prof. Thos. D. Mitchell has resigned the chair of *Materia Medica and Therapeutics*, which he has held in Transylvania University for the last ten or eleven years, and accepted that of *Theory* and *Practice*, in the *Philadelphia College of Medicine.*

Georgia Medical Convention.—A convention of the physicians of Georgia was proposed to be held in Augusta on the 20th of February; the object of which was to "adopt such measures for the improvement and benefit of the profession as they may deem proper."

ECLECTIC DEPARTMENT.

REMARKS UPON THE USE OF ANTIMONY (TART. ANT. ET. POT.) IN THE PNEUMONIA AND BRONCHITIS OF CHILDREN.

By H. N. Bennett, M. D., of Bethel, Ct.

No article of the materia medica has longer or more deservedly maintained a reputation in the treatment of acute pneumonic affections than antimony. It is not the design of the present paper to detract from its merits, but to inquire in what circumstances the use of this article should be avoided or discontinued in the treatment of the pneumonia and bronchitis of young subjects, particularly of those from one to six years of age. The tendency, at this period of life, to gastro-enteric irritations and inflammations is so great, that every plan of medication directed upon the alimentary mucous membrane, in such a manner as to excite the action and increase the secretions of the intestines, is accompanied with more or less danger to their integrity. It is for this reason that purgation, as an unique method or as the basis of treatment, is scarcely applicable to any of the diseases of early life. The physiological differences between the gastro-enteric mucous membrane of early and adult age, are unquestionably accountable, in a great degree, for the different therapeutic effects of those medicines which exert their principal influence upon this membrane. In childhood it possesses a greater degree of vascularity, and is more easily excited to increased secretion; it is more sensitive to impressions made upon it, and more readily communicates morbid irritations to the encephalic nervous centres; it is less tolerant of course, irritating or acrid ingesta, and their effects are sooner manifested in the disturbance or destruction of its functions; in short, it is more highly organized and *tender* than the mucous membrane of adult age.

The effects of emetic tartar upon the alimentary canal are well known. The first evidences of its action are nausea, vomiting and purging, accompanied by great prostration of muscular power and blanching of the cutaneous surfaces, and these effects are nearly the same in early and adult age. If the vomiting which occurs from the first few doses of the medicine, ceases after a continuance of its exhibition, it is

not so generally the same, according to my experience, with its downward effects in children. Purging once excited by the use of this article, I have frequently seen exaggerated to a diarrhœa from the exhibition of even the smallest doses, and I have established it as a general rule in my practice, to discontinue the use of antimony as soon as there is any unusual looseness of the bowels, especially when the discharges become thin colorless and more resembling serum than fæces, considering the latter as evidence of the irritating effects of the medicine upon some portion of the enteric mucous membrane. To persevere in the administration of antimony after these effects are produced, is, in my opinion, to hazard the safety of your little patient, by inducing an enteritis which may prove much more troublesome than the original disease, and will at least entail a protracted convalescence. An immoderate looseness of the bowels has also no curative effect upon the inflammation of the bronchial mucous membrane, or of the parenchymatous tissue of the lung itself, but rather the reverse. The sympathy existing between the mucous membranes of the air-passages and of the digestive apparatus, is well known. A bronchial mucous flux, or even a purulent expectoration, is suddenly checked by a diarrhœa. Thus the natural relief of the inflamed bronchial membrane, or of the hepatized lung, to wit, an increased mucous or a purulent secretion, is retarded or suspended by the continual drain from the bowels, the respiration continues difficult and hurried, the hæmatosis is farther perverted, and the powers of life prostrated by the loss of integrity in the functions of the digestive tube.

The emetico-cathartic effect of the first doses of antimony, I consider by no means prejudicial in the treatment of the pneumonic affections of children, and I wish to be understood that the occasion for suspending its use, is an established diarrhœa, which I have found it difficult to control while continuing the administration of the medicine. The addition of a few drops of the sol. morph. to every third dose of antimony *may* restrain its purgative effects upon the alimentary canal, but the constant drowsiness or stupor induced as a consequence, is perhaps as dangerous as the diarrhœa, inasmuch as it compromises the cerebral functions, a thing always to be avoided in children.

There is but one circumstance which can render an excuse for the continued exhibition of antimony after the production of diarrhœa, and that is when the bronchial flux is excessive and threatens to suffocate your little patient by its quantity.

I prefer, even in this case, the administration of simple cathartic medicines, and an occasional emetic dose of antimony, to any other method; for when the bowels have become once irritated by tartar emetic to the production of diarrhœa, it is often difficult to obtain an emetic effect, and we thus lose an important auxiliary in the treatment, which remedies, to a certain extent, the want of expectoration which is almost universal in children.

The best method which I have tried, of exhibiting antimony to children, with the view of obviating its irritating effects upon the stomach and bowels, is to make the solution in some mucilage, and add to each dose a few drops of spts. nitre, while at the same time the chest is to be completely enveloped in a flannel moistened with a warm infusion of hops. I think I have had sufficient experience to warrant me in asserting that children tolerate antimony in this manner far better than when given alone and without the application made to the cutaneous surface; and I am also positive that I have seen acute bronchitis in particular yield to this treatment in a remarkably short period of time.

The effects of antimony upon the alimentary canal, are more marked at certain seasons of the year, and during certain epidemic constitutions. According to my experience, it is borne with less tolerance during the summer season, when various causes combine to render the digestive mucous membrane more irritable and disposed to phlegmasiæ. It is true that pneumonic affections more rarely occur at this period of the year, but it is equally true that when they do occur, they are accompanied with much greater gastric irritability than is usual in the same diseases in the colder months. During the summer season I have many times found it impossible to establish the tolerance of antimony by the most careful management, vomiting would be reproduced by the smallest doses, and a gastro-enteritis follow upon a perseverance in its use. It has been my practice for some years, in those cases which manifested much gastric irritability to avoid the exhibition of emetic tartar altogether and substitute simple refrigerant drinks, thus falling back upon a mere expectant treatment, rather than irritate my patient by more powerful means. The pneumonia and bronchitis of summer and the early fall months, if unattended with complications, are much less dangerous and run their course more rapidly than in the winter season, and this should form a strong reason for proscribing any medication which may involve other organs and superadd a phlegmasia which will increase the danger of the patient.

Certain epidemic constitutions prohibit the use of antimony. It is not long since I witnessed an occurrence of this kind. During the last spring, soon after the decline of the epidemic erysipelatous fever which prevailed in this town, I had occasion to treat several cases of pneumonia among children, in which the exhibition of antimony was uniformly attended by a troublesome diarrhœa with alarming prostration. I could not induce a tolerance of this medicine, and did not prescribe it at all after the first few cases. This peculiar intolerance of tartar emetic, was probably owing to an unusual irritability of the alimentary mucous membrane, and a disposition to the diffuse inflammation which had characterized the epidemic of the winter. The occurrence of epidemic constitutions forbidding the use of antimony has been observed by some European writers, and is hinted at by MM. Barthez and Rilliet, in their invaluable work on the diseases of children.

The conclusions at which I have arrived in reference to the use of antimony in the pneumonic affections of children, may be summed up as follows:—

Young subjects are not as tolerant of tartar emetic as adults, owing to the greater irritability of the gastro-enteric mucous membrane; and its administration should be modified to accommodate this condition.

The exhibition of this medicine should be discontinued whenever diarrhœa takes place, especially if the alvine evacuations are thin, colorless, destitute of fæcal smell and consistence.

The tolerance of antimony is less during the summer and first fall months, and it should be given with caution, or perhaps avoided.

Certain epidemic constitutions forbid its use altogether, but these are only to be suspected by a trial of the medicine, and the observation of its effects upon a number of cases, in which it will uniformly produce troublesome symptoms and complications.

REMINISCENCES OF OUR FATHERS.

Memorial from the College of Physicians of Philadelphia to Congress.—Deleterious effects of Distilled Spirits on the Human System.

Communicated to the Senate December 29, 1790.

To the Senate and House of Representatives of the United States, the memorial of the College of Physicians in the city of Philadelphia respectfully showeth:

That they have seen with great pleasure, the operation of a National Government, which has established order in our country.

It belongs more peculiarly to men of other professions to enumerate the pernicious effects of these liquors upon morals and manners. Your memorialists will only remark, that a great proportion of the most obstinate, painful and mortal disorders, which affect the human body are produced by distilled spirits, and they are not only destructive to health and life, but that they impair the faculties of the mind and thereby tend equally to dishonor our character as a nation, and degrade our species as intelligent beings.

Your memorialists have no doubt that the rumor of a plague, or any other pestilential disorder, which might sweep away thousands of their fellow citizens, would produce the most rigorous and effective measures in our Government to prevent or subdue it.

Your memorialists can see no just cause why the more certain and extensive ravages of distilled spirits upon life should not be guarded against, with corresponding vigilance and exertion, by the present rulers of the United States.

Your memorialists beg leave to add further, that the habitual use of distilled spirits, in any case whatever, is wholly unnecessary, that they neither fortify the body against the morbid effects of heat or cold, nor render labor more easy or more productive, and that there are many articles of diet and drink, which are not only safe and perfectly salutary, but preferable to distilled spirits, for the above mentioned purposes.

Your memorialists have beheld with regret the feeble influence of reason and religion in restraining the evils which they have enumerated. They centre their hopes, therefore, of an effectual remedy for them in the wisdom and power of the Legislature of the United States, and in behalf of the interests of humanity, to which their profession is closely allied, they thus publicly entreat the Congress, by their ob-

ligations to protect the lives of their constituents, and by their regard to the character of our nation and to the rank of our species in the scale of beings, to impose such heavy duties upon all distilled spirits, as shall be effectual to restrain their intemperate use in our country.

Signed by order of the College,

JOHN REDMAN, President.

Attest, SAMUEL POWELL GRIFFITHS, Secretary.

Philadelphia, December 27th, 1790.

Two Cases of Pneumonia, illustrating the comparative efficacy of Mercury and Tartar Emetic, in the treatment of that disease. By William Fletcher Holmes, M. D.

Edward, a stout mulatto boy, a miller, æt. 25, was suddenly attacked with a severe rigor. I found him, six hours after the invasion of the disease, suffering extreme pain in the left lung, restlessness, dyspnœa, urgent cough, scanty expectoration, sputa viscid and tinged with blood, considerable dullness on percussion, tongue foul, and a quick, irregular pulse. After scarifying and cupping his chest extensively, and premising a full dose, 12 grs. of calomel, I directed one grain of tartarized antimony, in solution, to be given every hour.

25th. The stomach had not rejected the tartar emetic, which had produced considerable enteric irritation. Cough less frequent, expectoration freer, sputa more favorable, tongue red, with some uneasiness of the bowels, purging and watery stools. Directed the tartar emetic to be given every two hours, with a few drops of laudanum.

26th. Had tolerated the medicine well. The pneumonic symptoms in a great degree relieved, pain gone, sputa healthy, pulse natural. Directed compound syrup of squills. Although the pulmonary disorder in this case was completely relieved, yet the convalescence was extremely tedious,—it being some time before the stomach and bowels resumed their proper tone.

December 2d, 1848. Peter, æt. 65, the subject of elephantiasis, was taken with a severe chill. There was great anxiety, pulse rapid and easily compressible, light delirium, hippocratic expression of countenance, tongue dry and covered with sordes, great thoracic uneasiness, frequent

sighing, urgent cough, difficult expectoration, sputa mucopuruloid and abominably offensive. The gurgling sound readily detected by stethescopic examination, skin harsh and covered with a greasy exudation. The case evidently one of a well defined typhoid type, and much more likely to terminate unfavorably, than the one described above.

In the first place, I employed dry cupping to the chest, and over the cervical vertebræ, afterwards applying a blister sufficiently large to envelope the whole of the anterior portion of the thorax. I then prescribed 10 grs. of calomel every two hours, with the view of bringing the system under the influence of mercury, with the decoction of senega.

3d. The pulmonary symptoms somewhat relieved, expectoration less difficult, pulse better, delirium gone. Continued the same treatment.

4th. The patient much better, gums fiery red and very tender, all the symptoms relieved. Directed decoction of senega alone.

5th. Ptyalism fully developed, and the patient rapidly convalescing.

Remarks.—In pneumonia of a well marked typhoid character, I think that the practitioners hazard much by the administration of tartar emetic, whilst in cases where the inflammatory symptoms run high, I would prefer the immediate sedation produced by this medicine, to the slow alterative influence of the mercurial. My friend, Dr. W. W. Holmes, of Chester District, who has had an extensive experience in the treatment of typhoid pneumonia, tells me that in every instance, where the patient is not absolutely beyond hope, he attempts ptyalism; and that, where a full and timely developement of this takes place, the patient invariably recovers. The success which has heretofore attended his practice, is the best guarantee of its excellence. Late writers* argue that in the treatment of particular forms of disease, ptyalism is productive of no good whatsoever; that where the patient recovers under a mercurial course, his recovery is not attributable to the action of the mercury upon the system, but to the agency of other remedies, or the vis medicatrix naturæ. They contend that mercurialism is *not* the cause, but the consequence of the amelioration in the disease; the post hoc instead of the propter hoc. If you inquire the cause of this alleviation, they reply—the recuperative powers of the system. If you suggest that the tendency

*Watson's Practice of Physic; Lavender, American Journal Med. Scien.

of disease is to death, and that the vis, &c., is an obsolete idea, except in homopathic and Thomsonian practice, they answer that the tendency of all the organs is to resume their normal functions, no matter whether the cause of their derangement be intrinsic or extrinsic, permanently existent or temporary. How absurd is such a theory. Do not all the organs of the animal economy exhibit a remarkable proclivity to waste, disorganization and decay? Does not all nature, in every phase and cycle, display symptoms of impending dissolution? In the course of any malady, granted that ptyalism is *not* the cause of amelioration, does this deprive the mercury of any agency in the cure? Certainly not. The disease gives way before the continued exhibition of the mercury, and so soon as it begins to exert its specific action upon the system does a mitigation of the morbid phenomena take place, and simultaneously with such a mitigation, ptyalism is developed. Ptyalism is neither the cause nor the consequence (only incidentally) of such amelioration; it is simply an evidence of the specific action of mercury, *which*, according to all rational views, is the cause of the relief. If we could obtain this peculiar and specific action without salivation, it would be far better for our patients.

I am inclined to believe that cases which have been reported as terminating unfavorably, notwithstanding salivation has been fully established, were owing to inertness and a want of energy on the part of the practitioner, to follow up the relief obtained by such practice, by the bold and judicious use of appropriate remedies.

A physician is called to see a patient. The case being urgent or malignant, he deems it necessary to institute a mercurial course. Upon the second or third day, he finds mercurialism, in some degree, established, the disease abated, and his patient manifestly better. Contenting himself with *expectante practice*, he opines that nature is competent to the completion of the cure; and in direct contrariety to all prudential considerations, abandons the case to her recuperative energies. Salivation has perhaps been but imperfectly developed, or of ephemeral duration. The soreness of the gums and the spitting soon subside, the disease returns with renewed violence, all the symptoms became aggravated, and the patient dies. And the practitioner, in order to administer a *placebo* to his own conscience, and throw a mantle over his own ignorance and want of energy, declaims against the mercurial practice.

In October last, I was summoned to attend a case of con-

gestive fever, so denominated, par excellence, I suppose, in which I determined upon the mercurial course. To this end, I gave 10 grs. of calomel and 10 of quinine every two hours. Under this treatment the case progressed favorably. Upon the second day, I found that salivation had taken place, to the great relief of the patient. I deemed it useless to do any thing more. After 20 hours, I was sent for in great haste. Upon returning, I found all traces of ptyalism gone, and the case making rapid advances to a fatal termination. The prompt use of calomel and quinine, however, sufficed to relieve the patient. If this case had been left to nature, the patient would probably have died.

I am no advocate for the reckless and discriminate use of mercury, nor am I a routinist. I contemn the maxim, "Atarcus dixit, ita est" as heartily as any of my medical brethren; but I do sincerely deprecate the spirit of pure hypothetical innovation* which prevails in the profession, to the complete uprooting of physiological views and the great impairment, if not total demolition, of all rational practice, which is based upon the experience of ages and upon sound and substantial theory. Thus I have heard Professor Dickson stigmatized by some of the *soi-disant* medical *litterateurs* of the present high pressure system of professional education, as a routinist, because, forsooth, his treatise is systematic; and by others as a superficialist, for no other reason than that his style is polished and his language chaste and elegant; as if abruptness, bluntness and vulgarity were evidences of profundity.—*Charleston Medical Journal and Review.*

Cases of Erysipelas, which occurred at Soluca, Mexico.—By Israel Moses, M. D., U. S. A.

In these observations I propose to give an account of some cases of erysipelas which occurred in the city of Soluca, Mexico: and as the locality and circumstances under which diseases arise are both interesting and instructive, I have preceded my cases by a brief account of the place where they occurred. About the 8th of January, 1847, the 6th and 8th Infantry and 4th Artillery, under General Cadwallader marched from the city of Mexico. The sick were left

*By *innovation* I do not mean reform.

behind, so that we set out with a clean bill of health. Soluca, the capital of the state of Mexico, forty miles from the city of Mexico, is situated in the midst of a most beautiful and fertile valley, environed by hills. To the S. W. of the town is the Nevada de Soluca, a mountain 2000 feet above the valley terminating in five snow-capped peaks which enclose a lake, upon the banks of which is a monastery. The centre of the valley is occupied by Lake Lerma into which numerous streams flow from the mountains, abundantly supplying the villages and towns with the clearest and most delicious water. Corn, wheat and barley are the principal products. Soluca contains about ten thousand inhabitants, and is well built in the form of a square. The streets which run parallel in both directions are kept in an admirable condition of cleanliness, by a system of drainage, which might be advantageously adopted in our large cities. The cleaning of the streets is done by prisoners. The temperature is much lower and less equable than in other parts which I visited. Gusts of wind, generally coming from the N. W., were frequent; often followed by heavy falls of rain, loud thunder and vivid lightning. On the 6th of March, a violent hail-storm occurred, which lasted about an hour. In fine weather the thermometer usually stood at 60° to 65° from 9 A. M. until 6 P. M.; during the remainder of the day varying from 48° to 52° F. Sudden and great changes were frequent, the thermometer sometimes falling 10° or 12°. The inhabitants usually enjoy good health. Diseases of the nervous system prevail extensively in the various forms of paralysis, chorea and arrest of development in different parts of the body. Affections of the eye causing blindness are frequent. Small-pox has prevailed extensively amongst the Indians inhabiting the valley. About four-fifths of those who come to the city on market-days, are deeply pock-marked. Vaccination is rarely or never practised, as far as I could ascertain, even among the educated. A fact worthy of note in the medical history of this place is, that during the cholera season, 1833, not a single case occurred at Soluca, while it prevailed extensively in the town of Lerma, fifteen miles distant. The elevated position of the town rendered it very salubrious; though we all suffered more or less for a short time after our arrival, from difficult or embarrassed respiration: indeed, one officer who was inclined to phthysis was compelled to leave, in consequence of the aggravation of his cough and pain in the chest. As was to be expected, diseases of an inflammatory character prevailed, especially

pneumonia, bronchitis and rheumatisms, as there were no fire-places in the houses which our troops occupied, they were more or less cold and damp, especially in wet weather; the floors are of brick and the rooms contained no fire-places. This was the only appreciable cause for the cases of erysipelas which were very numerous in all the regiments. It was remarkable that this disease, in nearly all the cases, commenced and was confined to the face and head. Slight cuts or scratches frequently gave rise to erysipelatous inflammation. As the inhabitants did not suffer, we naturally supposed that it may have been the effect of this elevated temperature or the *dampness* of the barracks, upon our soldiers who had been some months in the warm and equable temperature of the city of Mexico or the lower country. During two months that the 6th Infantry (to which regiment I was attached) occupied this town, nine cases of erysipelas occurred of a severe character, in nearly all of which the disease commenced or was confined to the head and face. A short outline of the cases may not be uninteresting.

Case 1.—The first case, Private Hoffman, occurred a few days after our arrival. He was attacked with uneasy, chilly sensations and general *malaise* in the evening, and presented himself next morning, complaining of pain and sense of enlargement of the head. Tongue heavily coated; loss of appetite; fever, etc. The face was swelled generally and spots of redness were visible about the forehead, between the eyes and brows. He was ordered an emetico-cathartic and light diet; the next day the redness and swelling had increased, so that the forehead and nose were affected. I painted the part with a strong solution of nitrate of silver and gave him good diet of soup. As the disease increased I painted the parts with the caustic solution, until the extension of it was checked, which was on the fourth day, when it covered the whole face; from which time he recovered.

Case 2.—A few days after, Private Ryan was attacked in the same manner but with greater severity, the disease rapidly spreading so as to involve the face, scalp, ears and neck, completely distorting his features, and giving his head nearly twice the natural size: active febrile symptoms, with delirium set in. Tongue heavily coated, dry and brown in centre. Pulse 100, full and strong. Ordered calomel, gr. x., ipecac. gr. xxx., which vomited and purged him moderately. Painted the face with the solution of caustic and applied cloths dipped in a warm lotion of acet. plumbi and

opium, which greatly relieved the intense burning. The hair was cut short; on the third, next day, he began to take quinine, gr. x., three times a day with wine and beef soup. On the eighth day, numerous abscesses formed beneath the scalp, and the disease had been checked. At the same time a hard and painful tumor began to form over the mastoid process on the left side, which after being poulticed for a few days was opened and more than an ounce of pus evacuated. About the twelfth day the patient may have been considered recovering, though the convalescence was tedious. The same treatment and diet was continued throughout the period of illness.

Case 3.—January 15th, Private Stewart was brought to the hospital with swelling of the right leg and foot, attended with burning and itching pain, redness, etc. The limb as far as the knee was tense, shining, painful on pressure and pitting. The constitutional symptoms were slight. The caustic lotion was freely applied, which evidently cut short the disease on the third day. But as it receded from the lower extremity it attacked the face from the edge of the scalp to the upper lip where it was checked by the same means. Quinine, gr. x., three times a day were given from the commencement with good diet. The disease on the face was much more acute than on the leg, and attended with active febrile symptoms, furred tongue, loss of appetite, but no delirium.

Case 4.—On the 21st January, Private Agnew presented himself with redness, swelling and pain of a burning character about the right ear, which had been ushered in the previous evening, with chill followed by uneasy pains in the head and back. The disease was well marked. I directed the affected part to be painted with nit. silver solution, and emitico-cathartics to be taken, and plain but good diet. On the next day after the prima viæ had been cleared, I ordered quin. gr. x., q. 4 h. The erysipelas extended so as to involve the whole side of the face. The solution was freely applied, but did not seem to produce any appreciable effect until the third day, when the disease no longer spread and convalescence was established. In this case there was no delirium.

Case 5.—February 6th. Private Dunn was brought to me from the guard-house, where he had been confined for drunkenness, with his face very much swollen and of a dark

red color, shining and œdematous; not having slept for two nights and suffering from the apparitions of mania potu: had eaten nothing for the last twenty-four hours. There was tremor of all his limbs and tongue which was thickly coated with a yellow slimy fur and disposed to be dry. Pulse strong, 100. He was ordered cal. gr. xv., to be followed by ol. ric. The face to be painted with caustic, and cloths saturated with a lotion of acet. plumbi and opium to be laid over. The next day, all his symptoms were aggravated, the erysipelas was spreading over the scalp and down the neck, he had been delirious all night; his tongue was now dry and brown; sordes accumulating on his lips and teeth; constant tremor and subsultus; comatose, unable to answer questions: skin hot and dry: pulse 120, feeble and quick. As he was rapidly passing into a low typhoid condition, stimulants were freely administered in the form of hot brandy toddy, in which quinine was dissolved: carb. ammonia 10 grains every two hours and beef soup. The sol. nit. silver was reapplied to the whole surface inflamed, and covered with the wet cloths. During four or five days, the man continued in a dangerous condition. The head and face were frightfully enlarged and features distorted; breathing and deglutition were performed with the greatest effort: the coma was deep and constant; tongue dry and hard as a board. The stimulating plan was firmly and steadily pushed. The quinine was increased to twenty grains every two hours, with carb. ammonia, brandy and beef-soup. The first symptoms of improvement were evinced on the morning of the eighth day, following the application of blisters inside the thighs, when he appeared to be slightly conscious and asked for some drink which he swallowed eagerly though with effort. From this time he continued to improve slowly under the continued use of stimulants and tonics. His face was really a disgusting sight to look upon, being one continued hard black crust, resembling that of a person who was recovering from an attack of confluent small-pox; without a distinct feature or the least expression; the eyelids not capable of being separated. The convalescence was tedious, and he was unable to return to duty until May. This was a most interesting and instructive case to me and I watched the issue with anxiety, scarcely believing that he could recover by any human aid, yet I was most agreeably disappointed. Indeed, I have within my short experience seen so many cases apparently hopeless, recover by careful watching and the judicious application of remedies, that I hesitate

in ever expressing an unfavorable opinion as to the result, and invariably quote the old but trite maxim, "While there is life, there is hope."

Case 6.—February 15th. Private Mott was attacked with chill, followed by fever and burning pain in the head and eyes. When he came to the hospital the forehead and eyelids were of a bright red hue, swollen and painful to the touch: tongue coated, moist; pulse 100, of good strength. Moderate heat of skin. As his bowels had not been emptied for two days, he was directed to take an emetico-cathartic, which operated well, after which he took quinine, gr. x., every four hours: the affected parts were painted with the usual application. During the next two days the disease spread over the entire face and ears, which were swollen, tense, red and very painful; as the redness extended the caustic solution was applied so as to cover the whole diseased part and a margin of healthy surface beyond the line of demarcation, and we were pleased to notice that on the fourth day from the attack the redness no longer extended. The swelling began to subside and in a few days desquamation set in. During all this time he continued to take sixty grains of quinine in the twenty-four hours, with beef-soup once a day for dinner. In this case there was no delirium nor any typhoid symptoms, the attack being of a sthenic character and occurring in a man of robust health.

Case 7.—Private Lovett was attacked in the same manner as the above case, the disease first appearing in the right ear and extending to the face and eyes; the same treatment in all respects was pursued, and with the same good results: he returned to duty on the tenth day from the attack.

Case 8.—Private Cuppinger was brought to the hospital, March 4th, having received a sabre cut over the head, about three inches in length and down to the cranium. As the wound was slight it was simply dressed with adhesive plaster, the hair being shaved off for a short distance around. The next day, about noon, he complained of feeling chilly, which was followed by some febrile excitement, thirst, anorexia and pain in the wound. On removing the dressing, the cut was gaping, the edges swollen, red and œdematous, and this appearance extending for some distance over the scalp. The head was shaved and the edges of the erysipelatous blush painted over with the nit. silver solution, quinine, gr. x. q. 4 h., ordered with soup diet. The disease ex-

tended in front only, and as far as the eye-brows where it was checked. The patient recovered in ten or twelve days.

Case 9.—February 25th, was sent for to visit Lieutenant ——, in consequence of a renewal of hemorrhage from a chancre on the penis. This officer, while at Puebla last August, contracted syphilis, which destroyed the prepuce and nearly one half the glans penis. Soon after the entrance of our army into the capital and having been on duty during the engagements, without taking proper care of himself, he was attacked with violent hemorrhage from the ulcers, which at one time rendered his recovery doubtful. Previous to my being sent for, however, he had entirely recovered his health, and the chancres no longer required other than simple dressings. On the 24th, we rode out together some three miles to see a division drill and the same night he indulged in a debauch. Though generally regular in his habits, he had for a few days been living rather freely. On visiting him, I learned that he had lost about two ounces of blood and found it still flowing from a point of the chancre not yet healed. I applied a styptic with lint and bound the part tightly. I noticed at the same time a general tremor of his hands and tongue and a peculiar expression of anxious fear on his countenance. Since he had retired he had been restless and unable to sleep. Perfect rest in bed and a pill containing two grains each of opium and camphor were prescribed.

26th. Restless and dreaming all yesterday, no appetite, no sleep, increasing tremor of tongue. At bed-time I gave him two ounces of brandy, and eighty drops tr. op. combined with camphor water. About 11 o'clock he became very wild and delirious; could not be kept in bed, but was constantly wandering about and seeing imaginary objects. At 6 o'clock this morning I found him up, dressed and in the act of shaving, which he had left half unfinished, and upon asking him why he did not wait until later, said "he was obliged to make a report of the battle which had been fought last night." He was persuaded to go to bed, however. Tongue was moist, and coated yellow. Pulse 120, quick. As there was a great deal of nervous exhaustion and tremor, the following was ordered: R. tr. op. oz. ss. carb. ammonia, gr. xi. aq. camphoræ et brandy aa. oz. ij., a tablespoonful every two hours, porter and chicken-soup; penis was dressed; no hemorrhage.

27th. Has not slept in spite of the large amount of anodyne which he has taken, but has been all night in a most fearfully excited state, constantly talking and commanding as if

in battle. In addition to what was prescribed in the morning he took a drachm of laudanum every hour from 8 o'clock until midnight, without producing the slightest quietude until 6 this morning, when he seemed disposed to sleep, and I left him to attend to my morning duties. At 7 o'clock he was quiet and breathing heavily as if in deep sleep. At 8 I was sent for and told he was dying; he was comatose, unable to be aroused, pupils very much contracted and insensible, pulse 144, very quick and small, lips and nails blue, in fact almost moribund; large sinapisms were applied to the legs and abdomen; cups to the temples and along the spine; enemata of brandy with 30 grains of quinine given, and as much brandy with carb. ammon. by the mouth as he could be made to swallow; as these remedies seemed to produce no effect, I had his spine rubbed with croton oil. After steady application of these means for two hours and a half his skin began to grow warm; he opened his eyes and put his hand on his thigh, as if to remove the mustard.

March 1st. He has slowly improved since last date, and slept a great deal. This morning an erysipelatous redness appeared on the left leg where the mustard had been applied, also on the left natis, both of which were painted with the nit. argent. sol. Quinine, wine and porter, with chicken-soup have been continued.

2d. Erysipelas has spread over the foot and ankle, which are swollen, painful, tense and shining; that on the natis has extended to the groin and it has appeared on the forehead and temples.

3d. Rather restless and uneasy last night, disposed to wander in mind; this morning rational; ate a piece of beef-steak and drank some coffee. Erysipelas still extending, particularly on the face.

4th. Passed a comfortable night and is decidedly better this morning; complains of deafness, the result of the large doses of quinine which he had taken; erysipelas on the face is fading; the whole left lower extremity from the hip to the toe is involved; continued sol. nit. argent. to leg. Quinine, gr. viij. q. 4 h., chicken-soup and brandy-toddy, anodynes at night.

6th. Mind feeble and disposed to indulge in fancies; general symptoms improved, erysipelas on the face has subsided, the leg and foot are in the same condition, but more œdematous and numerous vesicles cover the calf and ankle, which were yesterday enveloped in a flaxseed poultice, giving great relief to the burning heat. Continue treatment.

10th. Foot and leg are much better, a spot about the size of a dollar on the dorsum of the foot has sloughed. Bread and beer poultices have been applied with a continuance of the same course of medicines and diet. He is so much improved, that I determined to carry him to the city of Mexico in an ambulance, as we were ordered to march on the next day. He bore his removal well, and slowly recovered, though for a long time he was fully persuaded that his illusions were real. During his convalescence the ulcers on the penis entirely healed, but numerous small abscesses formed beneath and on the eyelids, hips, elbows, scalp and elsewhere. He is now fully recovered, except slight lameness.

I have related the history of this case as briefly as I could, endeavoring to bring out only the most important events from the very copious notes which I took at the time, but I could not refrain from entering somewhat more fully into the details of a case which proved so interesting and instructive to me, and hope it may be somewhat so to others. The obstinacy with which the nervous system, under some diseases, will resist the sedative effect of opium is well exemplified, as well as the energetic means which we are obliged to employ, when at last the nervous energy becomes exhausted and vitality is scarcely to be preserved.

As all these cases occurred in men of robust constitutions and enjoying good health, the treatment pursued will approach more nearly a *standard*, than that pursued when it occurs among the poor in large cities or in public charities, while we may attribute the disease more precisely to a single cause, which is universally acknowledged to be productive of a disease, viz. a residence in cold and damp buildings or exposure to cold and wet.

In Cases 5 and 9, intemperance no doubt brought the system into a condition more prone to the malady, and hence aggravated the severity of the symptoms. In what particular way causes act to produce this disease, we are unable to explain, but it is a well-ascertained fact that whatever tends to impoverish the blood and depress the vital forces will induce it, hence we have it arising spontaneously in the crowded wards of civil and military hospitals, in prisons, on ship-board, in low, damp situations and among those suffering from depressing affections of the mind.

Being aware of these facts, it seems strange that some practitioners have been led so far away by preconceived

ideas of its strictly *inflammatory* nature, as to recommend that blood-letting and antiphlogistic remedies should be vigorously employed, in order to *cut short* the disease, the possibility of which many, and among them Dr. Watson, seem to discredit. The weight of the prevailing opinion at the present time, is in favor of the stimulating and supporting plan of treatment, and the avoidance of blood-letting; and of this I would wish to be considered an humble advocate. Among its supporters are Drs. Fordyce, Wells, Heberden, Elliotson, and Williams, all of whom have possessed the most extensive opportunities of witnessing its beneficial effects. At the onset of the disease, where the symptoms are apparently highly inflammatory, with active delirium, we are strongly inclined to suspect cerebral complication, and use the lancet; but meningitis and cerebritis are, I believe, rare complications, and blood-letting seldom or never called for. During the last three years I have probably attended forty cases, in not one of which has the lancet been indicated. On the contrary, a steady perseverance in the stimulating and tonic course, has met with the most flattering success in my own practice and that of our army surgeons with whom I have conversed. The use of a strong solution of nitrate of silver, (a scruple to the drachm,) and which has lately been strongly advocated in the Journals, at home and abroad, has been applied with the most decided effect of controlling the disease, while the lotion of acet. plumbi et opium, either cold or warm as was most conducive to the comfort of the patient, has tended to relieve the painful sensation, "as if the part were on fire," as many expressed themselves.

As will be seen from the history of the above cases, quinine was used in all except the first, from at an early period of the disease, and continued throughout, the dose varying according to the degree of severity of the symptoms. Of the stimulating and tonic effects of this remedy, in all diseases marked by depression of the nervous forces or impoverished sanguification, I am well convinced. Its astonishing power in the cure of that form of congestive fever which occurs in the southwest, I had an opportunity of witnessing during the summer, at Jefferson Barracks, Mo.—*N. Y. Journal of Med.*

Needle found in the Heart after Death. Reported by John Neill, M. D., Demonstrator of Anatomy in the University of Pennsylvania.

Upon the dissection of a black male subject, brought into the anatomical room about the middle of December, my attention was directed, by a student, to a foreign body in the heart. At first, I supposed that it might have been introduced after death, accidentally dropping into the cavity of the pericardium, during the process of stitching after injection; but upon more careful examination of the surface of the heart, no orifice was detected by which it could have entered. I removed the heart and placed it in alcohol, in order to examine it with care.

The pathological condition of the contiguous viscera could not be made out very satisfactorily, on account of the length of the period which had elapsed since death, and from the fact, that an antiseptic injection (chlor. of zinc) had been used, which destroys color and coagulates albumen; there were, however, marks of chronic disease evident, in adhesions of the pleura and serious pericardium; there was also evidence of peritoneal inflammation.

After the heart had been hardened in alcohol, and cleanly washed of clots, I found imbedded in the external wall of the left ventricle, a broken needle, with its point directed forwards towards the apex of the heart; it was much oxidized, and could not be moved from its position, until the cyst containing it was split up. The broken end encroached upon the cavity of the ventricle, being actually contained in one of the columnæ carneæ; the needle was two inches in length, and a line in thickness, belonging to a variety called *worsted needles.*

In the Medical Examiner for May, 1843, Dr. Leaming reports a case of a seamstress, who had accidentally driven a needle, which was sticking in her dress, forcibly into her breast, by striking a table. In a month she had pleurisy, and subsequently pericarditis and pneumonia, and at the end of nine months she died. The post-mortem examination revealed lesions, corresponding with the symptoms; the body of the needle was found imbedded partly in the wall of the right ventricle, and partly in the vetricular septum, whilst the point projected for a quarter of an inch into the cavity of the left ventricle.

In the summary of the American Medical Journal, a case is copied from the Archives Generales, 1842, in which a

soldier introduced two needles into his heart, and was brought screaming into the hospital at St. Petersburgh; he had a hard, quick pulse; anxious countenance; copious perspiration; distressing cough, and tumultuous action of the heart; in nineteen days he died; and upon examination after death, it was discovered that the needles had passed through the heart, and lodged in the lower part of the left lung, where they were found in an abscess. The whole track was easily recognised by the marks of inflammation.

In the Annalist for November, 1847, Dr. Graves records a case of attempted suicide. A man pushed a needle into his heart, expecting instant death, as in the instance of Admiral Villeneuve, after the battle of Trafalgar; but being disappointed in the immediate effect, he undertook to cut his throat, which also failed; the vessels having been secured, and the wound dressed by his medical attendant. After reaction had taken place, he had great suffering; every breath being attended with a scream; the physician discovered the puncture made in the skin by the needle, and dissected through the intervening structures, until he "could distinctly see the heart pulsating with the needle in it." "With the aid of a pair of forceps, I extracted the needle, and it was followed with a forcible stream of blood." "He continued to improve up to the sixth day, when he was attacked with pleuritic pains, and inability to swallow; and died on the eighth day after the needle was taken from the heart." *Post-mortem.*—"On opening into the left ventricle, where the needle entered the cavity, there was a small membranous sac, about the size of a pea, formed in the left ventricle, which contained pus."

NOTE.—I learn, through the politeness of Dr. Klapp, physician to the Moyamensing prison, that this man was admitted May 11th, 1847, in rather feeble health; but continued to work for more than a year before complaining of any inconvenience about his chest. When removed to the infirmary, he had severe cough, with some slight constriction in breathing, and occasional palpitation. These symptoms, though never very urgent, continued until his death. Though never delirious, and able to answer questions to the last, he never spoke of having received any injury of the kind, and never manifested any suicidal tendency.—*Med. Examiner.*

Advantage of Tying the Umbilical Cord before Delivering the Head after Turning. By J. S. Unzicker, M. D.

I was sent for by a midwife to see Mrs. A——, aged 34 years, and in labor with her second child, at 6 o'clock in the evening. Pains continued at regular intervals, with presentation of the right arm and face, the liquor amnii having already escaped at 5 o'clock that morning. I concluded at once to turn according to Dr. Wehn's method. Placing the woman, therefore, in the knee and elbow position, the actual labor pains ceased, but after introducing the hand, although the foot was more easily found than in turning after the old method, a great difficulty existed in turning on account of the uterus being firmly contracted around the child, and not a particle of liquor amnii present; but by careful manipulation, I succeeded at last in overcoming this tonic contraction of the uterus, and brought down the foot.

The woman being then placed on her back again, the regular pains returned, and as soon as the umbilicus came within reach, I ordered the midwife to tie the cord; and although the delivery of the head was delayed some time, the child was born alive.

This is the second case I have had within a short time, in which I resorted to the above method with success, and hope that in future hundreds of children may be saved, by this valuable discovery of Dr. Wehn's, which before were sacrificed through partial compression of the cord and consequent venous congestion.—*Western Lancet.*

DEATH FROM CHLOROFORM.

A coroner's inquest was held in New York, on the 20th of January, on the body of a seaman, thirty-one years of age, who came to his death the previous day by the effects of chloroform, while undergoing an operation in the New York Hospital.

Dr. Buck, the attending surgeon, in his evidence, stated that, "on or about the 26th of December, I advised that chloroform should be administered to the deceased for the purpose of examining the condition of the rectum, the parts being in such a state of excessive irritability as scarcely to admit of a separation of the nates. The patient recovered from the effects of the chloroform, and remained in all

respects in the same condition as before its use. On the 19th of January, the deceased being in a sound condition, except the local ailments spoken of, and he having never complained of either his head or chest, and not having suffered from the first administration of chloroform, I directed it to be administered to him for the purpose of performing an operation upon the rectum, and the operation of circumcision to remove a phymosis caused by the chancres: the patient soon became excited by the chloroform, as is usually the case, but not beyond a degree which I have often observed. At this moment my attention was arrested by my assistant calling for a wet cloth. On examining the patient I found his face and neck of a livid leaden hue or color, the eyes tumid, the pulse imperceptible at the wrist, and the whole body relaxed; after two or three gasps he ceased to breathe; every means were promptly used to restore the deceased, but without effect. The chloroform was obtained at Lent's, 91 John Street, and not exceeding three drachms was administered from a napkin; a portion of chloroform from the same vial had been administered the day before, to a patient without any unfavorable effects: about ten minutes elapsed from the commencement of its administration before death took place. On making a post-mortem examination twenty-four hours after death, I found the face less livid than before death; on examining the head, the brain and its membranes presented no other appearance than are seen in persons dying when in full health; the lungs were a good deal congested; and discharged, when cut, a large quantity of bloody serum; the heart was large, its ventricles and auricles were empty; its condition flabby; the substance of the left ventricle rather softer than natural; about half an ounce of a watery fluid was found in the pericardium; the viscera of the abdomen were healthy.—*Western Journal of Medicine and Surgery.*

Case of Œdematous Laryngitis—Death—Autopsy.—Read before the R. I. Medical Society, by George L. Collins, M. D.

Catharine Martin, Irish, æt. about 30, of robust constitution, arrived in Boston 5mo. 10th, 1848, and came to this city the following day. She was attacked with ship fever, and admitted to the City Hospital on the 19th, where she

went through the usual course of sickness, though the case was not particularly severe. There was considerable delirium, with some manifestation of local complications about the lungs. On the 9th of 6th mo., while still laboring under some mental aberration, she eloped from the Hospital and walked a mile or more, when she was found and sent to the City Asylum. Here convalescence went on favorably up to the 19th, when she appeared very well, with the exception of a slight cough, and a considerable swelling on the left side of the neck, behind and below the angle of the jaw, which was now in the suppurative stage, and which seemed to have its origin in a lymphatic gland. On the morning of this day she was about the yard, and made no complaint until afternoon, when she experienced a difficulty in breathing, which continued to increase until evening, when it became more urgent. Some simple applications were now made by the nurse, who did not think the case of sufficient importance to send for the attending physician. She retired at an early hour with the other inmates, and remained pretty quiet until about ten o'clock, when she aroused those near her by her tones of distress. The nurse was immediately sent for, but on reaching the room about five minutes after, she found her already dead.

Autopsy.—I made an examination of the body fifteen hours after death, assisted by Dr. Clifford, who was then in attendance at the Asylum. The throat was the only part examined. The abscess on the side of the neck contained two or three ounces of pus, but it did not seem to have made any injurious pressure upon the larynx. The larynx, with a portion of the root of the tongue and trachea, was now removed, when the cause of death was at once apparent. Both edges of the glottis were affected by œdematous swellings, as was also the epiglottis. The glosso-epiglottic frænum and pouches on either side were considerably swollen. The swelling about the glottis extended into the cavity of the larynx, and spread to the surrounding walls of the pharynx. On further dissecting the larynx, a small abscess was found situated about the posterior part of the cricoid cartilage, a little to the right of the mesial line. The cartilage was denuded of its coverings, both internally and externally, to a considerable extent. A part of its substance was also destroyed, leaving a notch about four lines deep in its upper edge, and involving about three fourths of the arytenoid facette of that side. There was still pus in the cavity, though a part of it had been discharged through the opening directly

into the larynx large enough to admit a small crow-quill. The right arytenoid cartilage was entirely destroyed, with the exception of a small part which gives attachment to the lateral and posterior crico-arytenoid muscles—thus leaving no cartilaginous attachment for the right extremity of the arytenoideus muscle on the vocal ligaments of that side.—*Boston Medical and Surgical Journal.*

Encysted Tumour of the Labium, successfully treated by the application of Nitrate of Silver to the Interior of the Cyst.

Having met with some cases of Encysted Tumours of the Labium, which presented greater difficulty in diagnosis, than is stated by writers on diseases of females, to exist, and having derived the greatest satisfaction from a peculiar method of treatment of these tumours, I am induced to lay the particulars of the following case before the profession, in illustration of these two points:—

I was consulted, March 16, 1846, by a lady aged about thirty-six. She stated that three years before, after a severe and long journey in the winter, during which she suffered much from the bad state of the roads, she was attacked with violent vomiting, which lasted for a fortnight. After it ceased, she noticed, for the first time, a small tumour inside the left labium, which she considered a rupture produced by the efforts at vomiting, having formerly been subject to inguinal hernia. This tumour gradually increased up to the present time; it was not at any period painful, never receded or diminished in size, never emitted any gurgling sound, nor was it ever the seat of œdematous swelling, heat, or redness. It had gradually increased, and had latterly interfered with her movements, and for some time previous, had prevented her sitting down, except with the body reclining far back, and when she sat on a hard seat, pain of an acute kind used to shoot upwards from the tumour through the sacrum. Latterly she has been annoyed by a sensation of dragging from the loins. The tumour itself had never been the seat of pain, nor had there been any discharge from the vagina, or any irritability of the bladder. The catamenia had been absent for years—she had never been pregnant but once, and then she had a miscarriage.

On examination, a tumour of an oval shape was found

occupying the left labium; it was about the size of a goose egg, running along the labium from the anterior fourchette to the perinæum, *and sending a process upwards, for about two inches along the wall of the vagina.* The skin covering it, was devoid of any inflammatory appearance, and moved freely over it. There was no pain complained of when pressure was employed. On coughing, *an impulse was given to the tumour when it lay in its usual position,* but when it was lifted up, it did not receive any. On percussion, it yielded a dull sound. All attempts at making it enter the abdominal cavity completely failed. No irregularity was noticed on its surface; no rumbling heard at any time, nor was there the least change produced by the varying conditions of the bowels; when constipated, the tumour was as soft and as small as when they were relaxed.

March 20.—An exploratory puncture was made, and matter of a dark olive color, devoid of odor, escaped. The opening was enlarged, and a tumbler full of thick fluid flowed out, which was of a creamy consistence, and on microscopic examination, was found to be composed of decomposed pus globules, with a large quantity of what appeared to be epithelial scales intermixed. The sac of the tumour was freely cauterized with nitrate of silver conveyed on a probe, and the orifice kept open by means of a plug of lint.

March 27.—The sac of the tumour has been filled up with solid secretion, and has undergone great diminution in size; no general disturbance.

April 1.—Scarcely any trace of the tumour to be detected, except some thickening of the labium, giving to it a greater fullness and prominence than the other. Ordered to apply mercurial ointment.

April 10.—Perfectly recovered—no traces of the disease left.

With the exception of Dr. Ashwell, no writer on diseases of females, that I have consulted, speaks of the points of similarity presented by some cases of encysted tumours of the labium and vaginal and pudendal hernia. He remarks, "that he has known much difficulty arise in diagnosis of this tumour, from a hernia," and in the case I have detailed, the size of the tumour, its shape, supposed origin and apparent connexion with the interior of the pelvis, by means of the ascending process already described, together with the fact, that the patient was predisposed to rupture, and that the tumour received some impulse from coughing, made me proceed cautiously with an exploratory puncture before laying open the cyst.

It is true, that for one case which will present any difficulty in diagnosis, we may meet with a dozen where no such obscurity exists, yet from the occasional occurrence of such cases, the practitioner should examine all, with care, before attempting a cure—for it is strange that though the differential diagnosis between inguinal tumors and hernia in the male, is insisted upon with great force by all writers on these subjects, yet, in works especially devoted to diseases of women, little attention is paid to the matter. But it was more especially with the view of illustrating a method of treatment, which I have found invariably successful, and productive of little annoyance to the patient, and of easy application, that I have laid the foregoing case before the profession.

Four plans of treatment have been recommended for the cure of these tumours:—1. Complete dissection out of the whole of cyst—a plan which must be extremely difficult in most cases, in all, extremely painful, and in such a case as mine, quite impracticable. 2. Laying open the cyst, and filling it up with charpie. 3. Seton; and, 4. Removal of the fluid, and then compression, so as to bring the walls of the cyst into close opposition. The plan of treatment which I have employed for some years past, has been to cauterize with nit. of sil., the lining membrane of the cyst, so as to cause adhesive inflammation, and this process I have found to be so readily excited by the caustic, that I have never been obliged to repeat it a second time. In some instances I have touched the granulations, occasionally, during the progress of the cure, for the purpose of hastening the filling up of the sac; and these were instances where I believed that the nitrate of silver had acted, not by inducing adhesive inflammation, but by effecting a change in the functions of the membrane, in consequence of which, it threw out granulations, instead of secreting, as formerly, a peculiar fluid. In every case in which I have used the nitrate of silver in this manner, a speedy cure has followed, unattended by any bad consequences, and the patient has not been aware, in the majority of instances, that anything beyond the mere puncture of the cyst has been attempted. When we reflect for a moment upon the difficulty of dissecting out a cyst even of moderate size, and upon the excessive pain the patient must endure, both in this operation and in the second and third I have mentioned, and when we recollect the extreme difficulty, if not impossibility, of applying accurate pressure, it will be allowed, that the method I propose, is at least, unattended with any of these inconveniences; and if it should

prove in the hands of others, as successful as it has done in mine, and I have little doubt but it will—it must be considered a plan of treatment preferable to any recommended for the cure of this disease.

The method of preparing the caustic may not be known to some of my readers, and I shall therefore make no apology for describing it:—A large-sized probe should be dipped in caustic, which has been rendered fluid by melting in a watch-glass, over a spirit-lamp or wax candle, until there is a complete coating of the caustic on the probe. When this cools, we have the nitrate of silver, in a form well suited for being conveyed through a small opening and into a deep cavity, and by bending the probe, we suit it to the shape of the cyst, and thus it can be brought into contact with all parts. In large cysts, such as that under consideration, I have had two or three probes thus prepared, as the quantity of caustic coating one, is not enough for the extent of surface to which it must be applied.

This method of destroying cysts, I have been in the habit of employing, in other diseases, as in the encysted tumours of the eye-lids, and in sebaceous encysted tumours; and lately I succeeded in curing a lady of a tumour of the shape, and about twice the size of an almond, which had been growing for some months on the left jaw, and which had resisted every plan of treatment proposed by her former attendant, who had at last recommended its extirpation. A small puncture was made into it, and its contents, which were composed of a reddish jelly-like substance, were squeezed out. A probe, coated with caustic, was introduced, and freely applied to its interior. For the next few days, a small quantity of bloody serum oozed out, but the tumour gradually diminished in size, and now, no trace of it remains, nor is there the least scar visible, which I need not say, is a matter of some importance.

The discovery of this method of conveying lunar caustic to deep recesses, has been ascribed by some of the writers in the *Dublin Quarterly Journal of Medicine*, to my friend Mr. Wilde; but the paper in which he first alludes to it, was submitted to myself as Editor of that periodical, before its management fell into his hands; and in a note referring to the matter, he attributed the discovery to Mr. J. Morgan, from whom he had learned it. I mentioned, at the time, that Mr. Morgan was not the discoverer, for the plan was quite familiar to myself and other surgeons long before Mr. Wilde's paper was written, and had been spoken of at a

meeting of the Surgical Society, in connection with treatment of small nævi. The paper was published, and the obligation to Mr. Morgan omitted; and hence the origin of "Mr. Wilde's method of applying caustic."—*British American Journal.*

Remarkable case of Disease, attended with displacement of the Stomach.—(Lon. Med. Gaz.)—By Albert Owen, Esq., Surgeon, Aylesbury, Bucks.

On the 31st of August, I was called in to see a servant maid, in a lady's family, of a pale, pasty countenance, with spare habit, said to be thirty years of age, although apparently ten years at least older. She complained of most severe pain over the entire surface of the abdomen which had commenced five days previously, with an uneasiness about the hypogastric region, during which time she had had complete obstruction in the bowels. Upon placing my hand over the hypogastric region, I came in contact with a large, prominent swelling, about the size of a fœtal head at six months; it was moveable, and circumscribed, apparently without any connection to the surrounding parts, in fact I could push it from one iliac region to the other, and upon removing my hand it would resume its former situation in the hypogastrium: it was extremely painful and tender, of a doughy consistency about the center, but thick and hard around the margin; she had not observed any swelling whatever till the five days previous, when the bowels commenced to be confined, but had noticed that it had much increased in size during this time. Leeches and warm poultices were applied to the part, which seemed somewhat to relieve the pain, and my attention was then more particularly directed towards removing the constipation; but notwithstanding the employment of all the means known or practised in such cases, four days elapsed without the least success. The swelling continued to enlarge, the integuments became attached to it, and assumed a very active inflammation; rigors set in, and matter was to be detected seated rather deeply, so that I resolved at my next visit to open it with a lancet, and run all risks as to the real nature of the case. At the expiration of six hours the swelling had become perfectly emphysematous—quite tympanitic. I, however, introduced a lancet to

the depth of an inch and a half, when there escaped first of all a large quantity of most fœtid gas, followed by about half a pint of purulent matter. The swelling of course after this discharge very much subsided, leaving a hard circumscribed margin about the thickness of one's little finger. I then resumed my attempts to get the bowels opened, presuming that the tumour had offered a mechanical obstruction. After the employment of a turpentine enema, twice administered, a large quantity of feculent matter passed, with about a table-spoonful of pus following the last portion or finish of the evacuation. The opening made by the lancet was kept free till it ceased to discharge, and then was allowed to heal. The bowels were afterwards relieved twice a week by means of the injections, always with the same appearance of pus in the evacuation; the appetite became good, and her strength seemed to return so much, that on the 23d of September, I considered her safe to be removed in a carriage to her house, distant thirteen miles, although the swelling was still there, and the bowels in the same obstinate condition, only to be moved by art.

My friend, Mr. Stowe, of Buckingham, then took charge of the case, to whom I am indebted for the completion of this history. On the 10th of October, Mr. Stowe found a prominent elastic point, near the spot where I had made the former opening, having all the appearance of another abscess. A lancet was put into it, when out spirted a lot of "bloody serum," as if a cyst had been opened: it bled freely for a few minutes. Mr. Stowe then left it with the impression that it might turn out to be some fungoid or other malignant growth; the girl's countenance became much sunk, and seemed then to bespeak as much. For some days, long shreds of lymph, like worms, came away from the bowel, similar to what one sees after irritating and long-continued purgation. Both apertures, after healing, again burst open, the integument sloughed, and the tumor began to fungate, to bleed occasionally, and to smell horribly; and so matters went on with sickness and suffering till the last few days, when food as soon as taken passed outwardly, showing that the stomach was involved in the mischief.

She died on the 28th November, and the next day an inspection was made. Theroot of the tumour seemed to have sprung from the pylorus, and dragged down the stomach to the seat of the swelling, and then extended into the pelvis. It was very hard and gristly; certainly carcinomatous, and would have taken some time to dissect it out from all its attachments.

How she lived so long, and ate food till within a week, is matter of surprise. She used to say, "her food went down lower than it should do," which was true enough, for the stomach was vertical and not transverse. And another matter of wonder is, that supposing the girl's statement to have been true, that she had not in any way ailed before the five days previous to calling me in (on the 31st August,) that such a state of things could possibly have occupied only three months from the first appearance of any swelling to the termination of death.—*Western Lancet.*

On the rembval of the bitter taste of Sulphate of Magnesia.—It has long been a desideratum to remove the bitter taste of that valuable purgative salt, the sulphate of magnesia. After a number of trials I have at last succeeded in effecting this by the simultaneous administration of tannin or coffee; the former, however, is an active agent. 1½ gr. of tannin, when boiled for three minutes with an ounce of the sulphate and about 1½ pint of water, entirely conceals the taste of the salt. The peculiar astringent taste of the tannin may be removed by an agreeable aroma. In roasted coffee we have both the advantages combined. The following are the best proportions:—

Take of sulphate of magnesia, 1 oz.
Powder of roasted coffee, 2½ drms.
Water, about 16 oz.

Boil well for two minutes (not in a tinned vessel,) remove from the fire, and let the mixture infuse for some minutes, so as to allow time for the developement of the aroma; then filter, or merely strain off. It must be sweetened to the taste. This fluid does not impart the slightest taste of the bitterness of the sulphate. The salt does not undergo any decomposition by this process.

It should be observed that the infusion is not capable of removing the bitterness, nor will the addition of the salt to the filtered decoction answer the purpose.

Should it be required to increase the amount of the sulphate without augmenting the proportion of coffee; 2 or 3 grs. of tannin should be added to the boiling decoction. The aroma of the coffee masks the disagreeable taste of the tannin. Orange-flower water is also useful in concealing the flavor of tannin.—*American Journal.*

CONTENTS

OF THE

NEW JERSEY MEDICAL REPORTER.

SEVENTH MONTH, (JULY,) 1849.

TRANSACTIONS OF THE NEW JERSEY MEDICAL SOCIETY.

Science, Sound Philosophy and Cultivated Intelligence, the true basis of Medical Reputation: An Address delivered May 8, 1849, before the Medical Society of New Jersey, by Samuel H. Pennington, M. D., President, - - - 253

Report of the Standing Committee, for 1849, - - - 278

" from the Western District, - - - 278

Fever, - - - - - 279

Erysipelas, - - - - - 280

Local Treatment, - - - - 285

Inflammatory Rheumatism, - - - 287

Diarrhœa, - - - - 288

Etherization, - - - - - 288

Quackery, - - - - 289

Licensing, - - - - - 290

New Jersey Medical Reporter, - - 291

Report from the Eastern District, by W. Mortimer Brown, M. D. 291

Erysipelas, - - - - 292

Intermittent Fever, - - - - 292

Dysentery, - - - - 293

Small Pox and Vaccination, - - - 294

Influenza, - - - - 297

Œdema of the Glottis, - - - - 297

Monstrosity, - - - - 298

Report from the Middle District, by John H. Phillips, M. D. 298

Catarrh, - - - 299

Fevers, - - - 299

New Discoveries, - - - 299

Illegal Practitioners, - - 300

Report from the Western District, by Franklin Gauntt, M. D. - 301
Measles, - - - 301
Roseola, - - - - 302
Dysentery, - - - 302
Fevers, - - - - 302
Rheumatism, - - - 302
Cynanche Tonsilaris, - - - 303
Erysipelas, - - - 303
Small Pox, - - - - 304
Etherization, - - - 304
Report of Delegates to the National Medical Association, - 305
Nitrate of Silver as a local application in Erysipelas, illustrated by two cases, read before the District Medical Society for the county of Burlington, April 1849, by Andrews E. Budd, M.D. 309

ORIGINAL COMMUNICATIONS.

Remarks on the treatment of Fracture of the Clavicle, by J. B. Coleman, M. D. (plates) - - - 314
Iodide of Potassium in Puerperal Metritis, by J. R. Ludlow, M.D. 317

EDITORIAL.

American Medical Association, - - 322
The late Annual Meeting, - - - 333
Censors for Eastern District, - - 333
" for Middle " - - - 334
" for Western " - - - 334
Officers for the ensuing year, - - - - 334
Death of Dr. Nichols, iii, of contents.

DEATH OF JAMES NICHOLS, M.D.,

OF NEWARK, N. J.

At a special meeting of the Essex County Medical Society, held June 18th 1849, at the house of Dr. L. A. Smith, with reference to the death of Dr. James Nichols, a highly respectable member of the the profession, and late President of the Society, it was

Resolved, That as the tribute of their unfeigned sorrow, for the decease of their late friend and brother, the members of the Society will attend his funeral in a body, and wear the usual badge of mourning for thirty days.

Resolved, That the Secretary communicate to the family of the deceased, the respectful sympathies of the Society in their painful bereavement.

Resolved, That the proceedings of this meeting be published in the Newark Daily Advertiser and the New Jersey Medical Reporter.

JNO. F. WARD, *President.*

A. N. DOUGHERTY, JR., *Secr'y pro tem.*

THE

NEW JERSEY MEDICAL REPORTER.

VOL. II. SEVENTH MONTH, (JULY,) 1849. No. 4.

TRANSACTIONS OF NEW JERSEY MEDICAL SOCIETY.

SCIENCE, SOUND PHILOSOPHY AND CULTIVATED INTELLIGENCE, THE TRUE BASIS OF MEDICAL REPUTATION.

An Address delivered May 8th, 1849, before the Medical Society of New Jersey, by Samuel H. Pennington, M. D., *President.*

The annual assemblage of the representatives of a liberal profession, from all sections of an extended commonwealth, while it is very properly and agreeably made the occasion for the interchange of the salutations of professional brotherhood, would fail to accomplish the highest ends it is suited to subserve, were it not also employed in concerting measures to promote its usefulness and advance its reputation. This sentiment, which thus generally expressed commands a ready acquiescence, will not be dissented from, when specially applied to the medical profession. It is no undue exaltation of their importance, when to the subjects with which it is concerned, is assigned the precedence of all others connected with mere secular science, that can engage the human intellect. The consideration, therefore, of the means which may, with greatest advantage, be used to facilitate the acquisition, and extend the boundaries of medical knowledge, cannot fail at all times to hold the prominent place among the contemplations of the thoughtful physician; nor can he ever regard, with unconcern, whatever may tend to impair that public confidence in his art, on which depend his opportunities for applying its beneficent recources to the wel-

fare of his species. Especially appropriate are such considerations to an occasion like the present: and I am persuaded that, in directing the reflections of my medical brethren to topics having reference to the subject last named, instead of asking their attention to a disquisition on the pathology and treatment of some specific form of disease, I shall not be thought to misuse the short space I am required, by the laws of the society, at this time, to occupy.

"Opinio facit medicos" was one of the favorite phrases of derogation by which that prototype of empirical insolence, Paracelsus, was accustomed to express his contempt of the medical profession. Though we may not admit the justice of the remark in its disparaging import, we cannot be insensible of the value of a proper appreciation by the public sentiment. It is unquestionably true—as every one, who has sagaciously analyzed the elements of the popular belief, must admit—that the current opinions of the masses are rarely a just measure of the merit of the men or systems they uphold or condemn. Even in regard to subjects that can properly be supposed to be within the legitimate scope of their observation and capacity, these opinions are not embraced as the result of deliberate investigation, and on the basis of ascertained evidence, but, whether just or unjust, they are far more likely to have their origin in caprice, the controlling influence of others, imagined interest, or the prejudices of education, association or affinity, than in any considerations adequate to form the foundation of an enlightened and independent judgment. If this be a true representation of the grounds of popular belief on subjects of a less recondite nature, it should not be considered surprising that the public estimate of the medical profession, and of medical systems, should bear little relation to the truthfulness of those systems, or the scientific merits of the men who are engaged in their pursuit. But, beside the more common causes of error in human judgment, there are others which exert a special influence in perverting public opinion in regard to

medical subjects. These subjects are beyond the range of common apprehension; the facts, with which they are concerned, are not on the surface and open to the universal inspection; and the laws by which they are to be interpreted, cannot be appreciated and applied, without cultivation and discipline. Hence, the popular mind is incapable of properly estimating high professional attainment, or of distinguishing real knowledge from boastful pretension; and finds cause for withholding its confidence, not in any deficiencies it can discover, but in the false allegations and assumptions of those whose interest it is to deceive and mislead it. Even educated men, not disposed to cast opprobrium upon the profession, or to impute to its members any greater deficiencies than are incident to man's limited capacities and their exercise in a species of inquiry more intricate than appertains to any other department of human learning—on account of the mystery in which the functions of the human organization are involved, the difficulties, or as they would say, the impossibility of tracing the causes of either normal or morbid action, and the variety of circumstances, unappreciable by the senses, which modify their operation—are induced to regard our whole science as a hypothetical figment, our rationalia fallacious, our most sagacious conclusions conjectural, and our practical appliances of doubtful efficacy. There are others again, educated men too, who, tinctured with the superstitions of a former age, and believing diseases to be positive entities, which, like the evil spirits of holy writ, require to be cast out by some species of instantaneous exorcism, cannot be satisfied with a system that aims to remove them by patiently searching out and removing their causes; but would fain seek in mesmerism or some similar delusion, a charm against "all the ills that flesh is heir to."

In view of these diversified influences tending to prejudice public opinion, we need be in no degree embarrassed to account for the fact, which cannot have failed to impress the most casual observer of the manifestations of popular

sentiment, that—notwithstanding the more strictly philosophical manner in which, during the last half century, medical investigations have been conducted—notwithstanding the amazing discoveries that, in consequence of this improvement in its methods of investigation, have been made in the etiology, pathology, and diagnosis of disease—and the more enlightened and rational modes of treatment which have resulted from the contributions thus made to medical knowledge—the hold of the profession on the public confidence is less strong than at any previous period of its history. But we need not, on this account, to feel dismay or self-reproach. The distrust which has succeeded the abandonment, by the professors of the medical art, of the assumptions of mysterious knowledge and super-human skill that characterized their early predecessors, and the adoption of more rational modes of practice in their stead, should not be regarded as cause for humiliation, any more than the superstitious deference which was for centuries paid to such pretensions, should be referred to with professional pride and complacency. Nor, on the other hand, shall we be justified in treating the popular prejudice with supercilious contempt. We boast that we are a liberal and philanthropic profession; and we are bound, by the considerations of humanity, as well as by the law of christian charity to seek the good of them "that despitefully use and persecute us." Let us then treat with forbearance, and even kindness, those whose limited means of knowledge disqualify them for a just judgment, and, while we strive to dispel prejudices honestly entertained, endeavor to impress those with respect, whose employments in intellectual pursuits of an analogous nature, fits them to entertain a proper estimate of the scientific character of our investigations. There is no disposition among the professors of genuine learning and science in other departments, to disparage what is truly meritorious in ours. The solecism, that education and an accurate acquaintance with anatomy, physiology, pathology and the kindred

branches of medical study, are positive disqualifications, and that a class of men who have notoriously given them little if any attention, will furnish the safest practitioners—how extensively soever it be adopted by those who regard all learning as a monopoly, is too absurd to be for a moment tolerated by men of cultivation and sober reflection. An eminent and accomplished member of a sister profession, whose views always command respect for their strong sense and general accuracy—in terms of commendation strikingly in contrast with some of his weaker and less distinguished brethren—who have demeaned their sacred calling by their endorsement of quackery, thus expresses his estimate of the philosophic spirit which now presides over medical inquiries. "The medical profession in all its branches has deserved attractions. From the dexterous management of magical incantations of ancient times, to the more sober investigations of times less ancient, and the still more solid deductions of the inductive philosophy which have been extended to the animal economy in our own days, this department furnishes a beautiful and brilliant comment upon that spirit of accurate and unwearied research, of which there are so many living and illustrious examples." * Such, if we are faithful to ourselves, and properly estimate and perform the duties of our important mission, we may feel assured, will be the candid sentiment of every enlightened and cultivated understanding.

It is of importance then that we inquire, by what means we may best secure the confidence of enlightened minds in the other walks of life. Prominent among these, will be found the maintenance of an elevated position in the varied departments of scientific learning.

By a kind of common consent, the courtesy of mankind has bestowed upon the members of our profession generally, a designation of distinction only extended in the sister pro-

* Rev. Dr. Spring on the power of the pulpit.

fessions, to such as have reached the highest attainments in the sciences with which they are respectively concerned. How so honorable a distinction came, with such partiality to be applied, is of less consequence than its pertinency. Whether fortuitous or the result of design, it implies great scientific pre-eminence, and imposes upon us the corresponding duty of sedulously caring, lest by our deficiencies in these respects, the epithet of distinction become a mortifying misnomer. It was a sentiment of Sir Matthew Hale, which that distinguished jurist illustrated by his own literary and philosophic researches, that "a man cannot be thoroughly master of his own profession without a tincture of the other sciences." And it is a subject of congratulation that the prevalence of a similar sentiment within its ranks has found so many practical exemplications in the medical profession. The records of every age bear honorable testimony to medical devotion and zeal. Not the departments strictly pertaining to the profession; not those even which are closely allied, have limited the extent of its profound researches; but philosophy and learning, in all their diversified walks, have been illustrated and adorned by its manifold and valuable contributions. Even in the graceful departments of elegant letters and poetry, its genius has not been unemployed; but through its Garths and Goldsmiths, its Akensides and its Armstrongs—not to name living men and our own countrymen—it has nobly vindicated the justice of the conception of the ancient mythology, which called upon its votaries, in the same deity, to adore

"One power of physic, melody and song."

But while it is undoubtedly true that science and polite learning owe at least as much to the medical profession as to any other, it is not to be concealed that the debt is chiefly due to the genius and labors of the few; while there exist, in the great majority of its members, a tendency to be content with the smallest amount of general scientific attain-

ment and literary culture, which will enable them to maintain with a bare respectability their social position. It is to no purpose to say, in extenuation of this state of things, that literary accomplishments will not make their possessor a more skilful practitioner; or, that the natural sciences have been found by the investigations of the physiologist to have a very limited application to the phenomena of organized being; and that, therefore, for any practical benefit to be derived from them, their cultivation may be dispensed with. If their value be measured by their direct adaptation to the purposes of practice, and no regard be had to their bearing on professional reputation, or their use as a means of intellectual development, this may all be true; but such is not the popular belief; nor will such a pretence satisfy educated and intelligent men. It is a plea for indolence; an apology for deterioration; and, in an age of universal progress, will not avail to avert the degradation from its rank among the liberal sciences, that must befal any profession which, in any respect or degree, recedes from the position of advancement it has once occupied.

Important to the reputation of the profession as is an adequate familiarity with general science and literature, it is of course subordinate to the maintenance of a high standard of attainment in the several branches, which constitute the proper subjects of medical study. The indispensable necessity of this is a thing so obvious, that it would be superfluous to make it the subject of extended remark. If there is any dereliction in this respect, it is to be sought, not so much in the neglect to become accurately familiar with the details of medical science, as in the want of a right apprehension of its great principles and their patient, philosophic application in the elucidation of the characteristics of disease; and, more especially, in the omission to keep pace with the progress of medical discovery, and the culpable apathy which pervades the mass of its members, with regard to original investigations and additions to the stock of professional knowledge.

And here let me not be misunderstood. I am not unmindful of, nor would I undervalue the splendid triumphs which have rewarded the recent researches of distinguished men, in the strictly medical sciences, and which have signalized the present period of medical history, beyond any and all that have preceded it. Brilliant, however, as these have been, and creditable as they are to the present state of professional knowledge—like the eminence, of which I have spoken, in general science—they are the peculiar glory of the indefatigable men who have achieved them; and, even if known and appreciated by the world, could not determine the character of the whole profession, nor cancel the obligation resting upon each of its members, by his own personal labors, to assist in extending its conquests over the hidden things of nature, and adding to its recources against the ravages of disease.

What we need is, that the same unfaltering zeal, the same spirit of philosophical research, which have distinguished the few, should pervade the whole. How far, as a profession, we fall short of this, is in the power of every one to estimate, by observing the habits of his own professional circle, and, in a more practical sense, by turning his scrutiny in upon himself. With a full knowledge of the difficulties that embarrass medical investigations, of the many sources of error which make it necessary that every step be taken with the utmost circumspection, and of the necessity that every minute fact be recognized and carefully weighed, before disease can be comprehended and remedies rightly applied—of the large proportion of practitioners, how cursory and superficial are the inquiries at the bed-side, how insufficient the grounds of diagnosis, how hasty the prescriptions, and how prone the disposition, after completing the round of daily duty, to seek diversion from the reflection and study which a proper sense of responsibility to the patient and to science requires, in the pleasures of the social circle, in political excitements, or in pursuits which, though in a low

sense of valuation they may promise more profitable returns, deprave the taste for intellectual employments, and disqualify the mind for serious and philosophic thought. It is from the want of this lofty professional zeal, that so many are ready to receive, without challenge, whatever of alleged fact is invested with some degree of authority, and to adopt, without inquiry, any hypothesis, which, on superficial consideration, seems plausible—that, in daily practice, too much by us all, the symptoms that come palpably within the scope of the external senses rather than the pathological conditions—the true appreciation of which, can only be arrived at by thoughtful observation and the exercise of a discriminating judgment, form the basis of diagnosis; and that, in the use of remedies, their applicability is determined more by a view to certain general effects than by any correct apprehension of their specific modes of operation. Who can be surprised, when such intellectual indolence prevails in the profession, that the practice of so many should degenerate into mere routine; that so little is accomplished by them in the way of original contributions to its advancement; and that observing men, in the other walks of life, should regard the epithet *Doctor*, as designating, not as the term implies, a man of profound erudition, but in the words of the patent dictionary, as "one who pours drugs of which he knows little, into bodies of which he knows less."

Nor, is it merely for the sake of the reputation of the profession, that the cultivation of habits of reflection and zealous research is demanded of its members. The conscientious physician cannot be a man of mere routine; he cannot content himself with the ability to apply to the more ordinary forms of disease their proper nosological designation, and administer his emetic, cathartic, and diaphoretic, in unreasoning subservience to the system of practice in vogue in his day. With feelings keenly alive to the welfare of his patient, and anxiously regarding his responsibilities, his own peace of mind cannot be maintained unless every symptom

—the least obvious not less than the most striking—is minutely scanned, every derangement of structure, or function discovered, the therapeutic agent selected with strict reference thereto, and the various modifying circumstances which may defeat or disturb its appropriate action, carefully sought out and guarded against. With demands so imperiously pressing upon him for the sedulous employment of all the powers of his intellect, surely no physician, who is penetrated with a proper feeling of responsibility, can consent to yield himself up to thoughtless inactivity, content himself with present attainments, or perform his weighty duties with haste and inconsideration. An ancient moralist, impressed with an overwhelming sense of the obligations resting upon the physician of his day, when scanty principles of diagnosis, entire ignorance of the anatomy of morbid structures, and consequently very inadequate sources of pathological knowledge, and a materia medica, whose revelations—chemistry being unknown—were confined to a very meagre account of physical properties, greatly limited the field of medical investigation—found sufficient cause to exclaim "Quid horum *raptim* fieri potest? Quis medicus ægrotos *in transitu* curat? With ten-fold pertinency may we apply the interrogative remonstrance to ourselves, who live in an era when the range of professional inquiry, in all its departments has become so much extended, and the consequent demand for patient, diligent, and persevering study so immeasurably increased. Let medical men be generally imbued with a devotion and zeal commensurate with their augmented obligations: let them employ, with enlightened discretion, the agencies which modern research has provided, not neglecting to add to these the results of their own earnest and independent investigations; and idle clamors against them will cease, delusions will vanish, and public confidence in true science will be permanently restored. Then may the physician enter the sick-room with a good degree of confidence in his own, and the resources of his noble

profession, and, though he may frequently be called to lament the inedequacy of them all to the preservation of human life, he will still have abundant reason, in his general success, for the consolitory conviction that the science, to which he has devoted his energies, rests on a solid foundation, and will supply him with instrumentalities capable of exerting all the control over the progress and ravages of disease, which can be expected of mere human science and human skill.

It is further of importance to the progress of medical knowledge and the confirmation of the position of the profession in the public esteem, that its investigations should be prosecuted under the guidance of a sound logic and philosophy.

It has been greatly to the reproach of medical science that, from the period of its rescue from the delusions of Egyptian Priests, and its assumption of the character of a rational system under the later Grecian Asclepiades, it has never ceased to be the prolific source of hypothetical speculation. That such should have been the case during those periods of its history, when the same tendency characterized all other philosophical pursuits, is not to be regarded as either remarkable or peculiarly discreditable. When men, who were, and are still, reputed the wisest of antiquity, disdaining to occupy their thoughts with subjects of practical utility, employed themselves in barren discussions about the essences of things, the greatest possible good, whether we can be certain of any thing, and a thousand other equally impracticable and profitless abstractions; when physical science was pursued, not that human power might be more advantageously applied to the promotion of human convenience and comfort, but merely on account of its adaptedness to give exercise to an intellectual subtilty, and not subserve the purposes of dialectic disputation; when the laws of the universe were sought to be deduced, not by an observation of phenomena, but, by some sublime conception of genius, by cu-

rious speculations about the aggregation of atoms, and obscure surmises concerning the collision and combination of its imagined elements; it cannot well be expected that medical doctrines should have been more free from fanciful hypothesis, or its investigations pursued with a more rational method. When, therefore, we find Hippocrates blending with his theories of pathology the tenets of the Pythagorean philosophy; and, in somewhat later periods, Themiston advocating a system based on the Epicurean notion of atoms, and their free or obstructed distribution through relaxed or constricted pores; Celsus proposing his hypothesis of crudity and concretion; and Galen, notwithstanding his professed reliance on the results of observation and experience, and his reputed diligence in their pursuit, obstinately clinging to and refining upon the doctrine of the four elements and the four primary qualities of the four humors—how much soever we may lament such perversion of human genius and industry—we are not required to confess to any greater misdirection of their powers than was exhibited in the scientific labors of their philosophic contemporaries. For the hypothetical systems which, for the last two centuries have successively swayed medical opinion and practice, there is less reason for extenuation. The great author of the Instauration of the Sciences, had now indicated the true direction in which to search for the primal laws of nature; the inductive method of investigation which had been obscurely hinted at by Aristotle, and, to a limited extent, practised by Hippocrates and Galen, had now been fully recognized and successfully pursued in the several departments of physical science; and the vagaries of Pythagoras and the Ptolemies, had been superseded by the certain deductions of Kepler, Huygens, Newton, and their illustrious successors. While this revolution, so honorable to those who were engaged in their prosecution, was thus going forward in the other branches of philosophical research; it is a humiliating reflection, that generations must elapse—during which system after system,

scarcely less absurd than those that prevailed in remote antiquity, must successively fall beneath the accumulating weight of exceptionable facts—before medical men could learn the lesson that all theory which has not its foundation in the observation and proper generalization of phenomena must be unstable, and tend to unsatisfactory and erroneous conclusions.

The lesson has, however, at length been learned; and we may congratulate ourselves that the dominion of fanciful hypothesis, within the ranks of the legitimate profession at least, is at an end; and that a prospect is open for as brilliant successes in its departments of research, as have signalized the labors of the Natural Philosopher in the exploration of the mysteries of the great universe. These successes are to be sought in the same path of inquiry, in the use of the same philosophic method, and with the same rigid application of the rules of a rational logic. I am aware that, on account of the profitless abstractions in which the syllogistic system of Aristotle was employed by the ancient philosophers, and the absurd conclusions to which—because of the unsoundness of their premises—they were so often led, many are disposed to reject as useless all rules for the regulation of the understanding, in its processes of ratiocination. This disposition arises from an erroneous apprehension of their true province. Systems of logic are not so much designed to establish truth, as to analyze the process through which the mind passes in its search after it; to lay down a formula which should comprise every step essential to a sound argument, and by which all our reasonings may be compared and tested. Their use is confined to the deduction of conclusions from premises; and these may be ascertained principles or assumed hypotheses. If these are sound, and the case to which they are applied falls legitimately within their purview, the conclusion is certain and true. But logical systems may be used for the establishment of error. When this is the case, the source of fallacy will be found either in

the assumption of some specious but false principle; or in including, under a correct principle of limited application, particulars to which they have no relevancy. Instances of error from both these sources are abundant in the various theories, ancient and modern, to which reference has been made as distinguishing the history of medical opinions. They are even now constantly occurring in the novelties which, in this age of moral revolution succeed each other with such amazing rapidity, and by their plausible sophistries, entice so many weak and undisciplined minds into delusions and practices which will hereafter overwhelm them with mortification and chagrin. If we would provide the profession with an effectual safeguard against contamination by them, it must be by inculcating the necessity of such a familiarity with logical reasoning, as will enable its members to seize the clew to fallacy however ingeniously it may be interwoven with plausibilities, and prepare them to combat error through the legitimate use of the very weapons with which she seeks to secure her triumphs.

But systems of logic are not alone sufficient for the evolution of scientific truth. The Greek sophists were thorough masters of the syllogism. They reasoned acutely and even justly; but, led by their fondness for dialectics to overlook facts, they assumed their first principles; and the systems of physics and medicine deduced from them were, as we have seen, necessarily chimerical and often ridiculously absurd. It is only by uniting a sound philosophy with a systematic logic that we can arrive at sure results: the former, to guide us in proper methods for the collection and classification of facts and phenomena, from which to infer general laws; the latter, to prove the inference thus deduced to be correct, by making these general laws the premises of a process of argument, and by the rigid application of the rules of ratiocination, showing that the phenomena from which they have been deduced, are the legitimate consequences of their operation.

The collection of facts and phenomena, with a view to the deduction of the principles of medicine, belongs to a field of investigation, which, until recently, has been much neglected, and from the cultivation of which, the most valuable fruits are to be anticipated. Without descending minutely into so elementary a matter as the detail of the steps essential to the conduct of the inductive process—now the recognized method of philosophic research.

It is a great mistake to suppose that the phenomena of organic existences are not as susceptible of classification and their relations as certain as those of inanimate matter. They are more involved it is true. We have to deal with subjects that cannot be submitted, with the same facility, to repeated experiment in every variety of connection; nor can we guard as effectually against the intervention of disturbing influences. These circumstances may encompass our researches with embarrassments, and cause our progress to be slow, and for a time, uncertain; but they by no means demonstrate the impotence, or derogate from the value of method and logical system in their prosecution. Let him who doubts, impartially review the history of medical inquiry since the commencement of the present century, and compare our present precise knowledge on many subjects with the multifarious conjectures which then prevailed, and he will doubt no longer. Let him contemplate the progress which, under the guidance of the principles of investigation and reasoning to which I have referred, has been made, by researches in the departments of animal and vegetable physiology, toward the establishment of the laws of vital action as they respectively concern the solids and the fluids—the present advanced state of our knowledge in regard to the endowments of the different parts of the nervous system, and the facilities which that knowledge has provided to aid us in our diagnosis of the intricate and perplexing diseases to which that system is subject—the near approaches that have been made to a perfect analysis of the constituents of

the blood, to the establishment of the fact of the presence in it of the materials, fully formed, of the several secretions and excretions, to the consequently more accurate comprehension of functions of the emunctories, and to a familiarity with the motive powers by which the blood is distributed through both the larger vessels and the capillaries—the additional light which has been thrown upon the process of digestion, and the valuable contributions to our knowledge of the essential constituents of alimentary substances—the more satisfactory character of our information in regard to the causes of disease, both pre-disposing and exciting; among the former, the influence of depressing causes existing long previous to the development of diseased action; and among the latter, the agency of morbid poisons, of contagion and malaria, whose respective limitations have been so nearly defined by means of investigations pursued, with immense sacrifice and exposure, by distinguished medical philosophers as well on this, as on the other side of the Atlantic—and, above all, the extent of the discoveries in morbid anatomy, and the accurate knowledge attained through them of the pathology of textures; the distinctness and precision with which the symptoms that denote particular lesions, have been detailed; and the increased facility, in the use of the various improved methods of diagnosis—especially when they concern the vicera of the thorax and abdomen—with which they can be detected and distinguished. Let these and the numerous other contributions to precise knowledge, of which they are but the ensample, be but properly estimated, and doubt will give place to admiring confidence; and none will hesitate to admit the beneficial results which may he expected to accrue to the profession; from the more general prevalence of the true philosophic spirit and greater attention to logical investigation.

I have already incidentally alluded to the novel system based on specious principles, which have of laté found favor with the public, and greatly to its discredit among men of

science, even deluded some members of the profession; and, in connexion with the allusion, I referred to the protection against them afforded by logical training. To this end, a sound philosophy is no less necessary. At a time like the present, when respect for old systems—whether in physics, morals, theology, or medicine—is thought to indicate want of independence and savor of too slavish an acquiescence to the dicta of authority, it requires more than ordinary firmness to resist the inroads of innovation. The man who has accustomed himself to build his conclusions on the basis of safe induction from indisputable facts, and these only, will find himself established on a foundation that cannot be undermined by the suggestion of plausible possibilities, and be little liable to be misled by the mysticisms of those who, living in an ideal world of their own creating, hold in contempt the facts and occurrences of the world around them. Such a one will not be likely to learn philosophy from a Fichte or a Schelling, theology from a Strauss or a Hegel, or medicine from a Pressnitz or a Hahnneman. His strong common sense, disciplined and fortified in the intellectual gymnastics of the Baconian method, will incline him to rely on that which experience and established facts have fully proved, and, if medicine be his profession, he will be in no danger of turning his back on a medical philosophy which teaches that diseases are to be removed by the removal of their causes, to adopt, from an affectation of independence, or some worse motive, that most miserable of the mystical extravagances of transcendental Germany, whose peculiar boast it is, that it removes morbid effects by adding to the causes that produce them.

In connexion with the subject just considered, I should not omit to refer to an element essential to a well regulated understanding, and, therefore, indispensable to the completion of the medical character, and to medical reputation: viz. the importance of the recognition, by the physician, of the supremacy of conscience, as well in his philosophical re-

searches as in his professional intercourse. Without enlarging on this point, I may remark, that as truth is our aim, the love of truth should be our guiding principle. Under its direction, the humblest mental powers will be often led to right intellectual apprehensions: without it, the most brilliant genius will as often, by its own inspirations, be seduced into dangerous error. United with the logical and philosophical training which we have been considering, it will prove a most effectual corrective of that tenacity for theoretical prepossessions which is so often, and with some success, charged upon the profession by its enemies. Though this charge is not a little inconsistent with another urged with equal pertinacity by the same class of objectors, viz: that in nothing are the mutations of human opinion more remarkable than in medical doctrines—it is nevertheless to be so far regarded as to lead to the observance of proper precautions, lest our conduct give color to the allegation. This precaution will be best exercised by keeping constantly in mind the thought, so well expressed by Dr. Pritchard in the discussion of another subject, that "what is actually true, it is most desirable to know, whatever consequences may result from the admission." By adhering to this principle, with candor and honesty of purpose, both in regard to our own cherished prepossessions and the theories opposed to them, we shall most surely serve the ends of truth and escape the imputation of an opinionated illiberality. This principle, I think it may be confidently affirmed, now distinguishes professional inquiries; and to it is due that remarkable exemption from attachment to exclusive systems which constitute the crowning excellence of the present era of medical philosophy. If it is true that the regular profession presents an unbroken front in resistance of novel theories, it is because these theories are pure creations of speculative fancy, or founded on a partial array of unauthenticated assumptions, and not because of any prevailing predilections for particular systems of pathology for which they are proposed as

substitutes. Whatever may have been the case in times gone by, the most sagacious revilers of the profession may be challenged to point to any pathological dogma, that can at the present moment, rally to its support its servile train of unreasoning adherents. The humoralist, the solidist, and the vitalist, no more than the chrono-thermalist, and the electro-psychologist; the exclusive disciples of Stahl, of Cullen, of Brown, and of Brussais, no more than of Hahnneman and of Dickson, are any where to be found within the recognized ranks of the profession: and its members may justly claim the right to appropriate to themselves the Horatian motto,

"Nullius addicti jurare in verba magistri."

Occupying this proud position of independence—an independence not the less genuine, because not popularly appreciated—it may calmly pursue its disinterested explorations into the domains of truth, prepared to adopt every thing that can maintain its claim to the character of a real discovery, while despite the blusterings of the charlatan, and the senseless clamors of his deluded emissaries, it steadily and resolutely holds on to that which it has proved to be good.

Some of the processes which have been referred to as essential in the conduct of philosophical investigations, require but the possession of mental independence, and the ordinary faculty of observation. Of this character are the mechanical occupations of collecting facts and giving them general expression. Their proper classification, the apprehension of the fundamental principle, the leading idea, that underlies them, and the determination of the relations of causation, whether they concern the origin of disease or the efficacy of remedial agents, are processes which require not extensive and thorough knowledge only, but a perception sharpened by nice and practiced observation, a judgment rendered sound and discriminating, by the steady contemplation of every thing of which it takes cognizance in its

true relations, and an industry which admits neither of diversion nor remission. These are to be acquired only by those habits of intellectual activity, attention, concentration, and mental and moral control, which constitute a well balanced understanding. This leads me to refer to another element essential to the maintenance of the reputation as well as the usefulness of the profession, viz: a proper regard to the preliminary training of those who are admitted to its privileges.

It is but too obvious, that, in medical not less than in the other branches of education, the utilitarian principle, which seems particularly to characterize our age and country, has a much larger share of influence than the desire for solid acquisition; and time is scarcely afforded for the attainment of more than a mere smattering of the medical sciences; much less, for the prosecution of studies suited to give maturity and method to the mental faculties. The usage has become so universal, and has been so long continued, that it will be difficult to effect its entire subversion. Attention has however, been awakened to the subject, and from the deliberations of the National Medical Association, we may hope for salutary reforms. But, however that may be, it cannot be too much to require that, in regard to the prosecution of professional study at least, this limited period be entirely and faithfully employed. Those young men who waste their time without settled purpose, fitfully alternating between study and pleasure, or study and other business, "all things by starts and nothing long," can hardly be supposed to have attained either such an amount of intellectual discipline or well digested knowledge, as to qualify them for the investigations in which they will be called to engage, or to be safely entrusted with so responsible a charge as the guardianship of human life: and medical colleges and medical boards cannot well answer it to their consciences, if persons of such a description are suffered to pass without the most rigid scrutiny, if admitted to an examination at all.

Serious as is the evil just referred to, it is not of greater magnitude than the increasing neglect of preliminary training, as preparatory to the course of professional study, and especially of the kind of study best adapted to give the vigor and expansion of the intellectual powers so essential to the well equipped physician. In this connexion I cannot but allude to the growing disposition to dispense with the study of the ancient classics, and express the regret with which, when in attendance on the sessions of the National Association, I have heard it proposed to limit the amount of classical knowledge to be required, by its sufficiency to enable the student to write a prescription correctly and understand medical nomenclature. If this were the only advantage to be derived from such study, it might well be dispensed with altogether. Even if it served no better purpose than to qualify medical men to read, in the languages in which they were written, the opinions and modes of practice of the earlier physicians—although an object of some interest to the medical scholar—it might not compensate for the time employed in its acquisition. But if, as I doubt not, it is one of the best modes of so disciplining the mind as to make men discriminate and think, then is it of paramount importance in the preparation for a profession to which none but men of thought and discrimination ought to belong. That it is most effectual to that end must be apparent, when it is considered that to obtain the mastery of these languages requires the closest attention and mental abstraction, the most rigid, toilsome, and searching analysis, consummate ingenuity, the most minute comparisons, and the nicest delicacy of discernment—exercises better suited to give acuteness to the perception, discrimination to the judgment, patient perseverance, concentration and vigor to the powers of the understanding than any or all of the tasks of the memory which occupy so large a share of attention in modern systems of education. If I have not entirely failed of my object, I have shown these to be indispensable to the physician: and if so,

how can too much importance be attached to an exercise which will so thoroughly furnish him for his arduous work.

What has been here said of the value of the classics is equally true of the mathematical, metaphysical, and natural sciences. Of the first of these, Mr. Locke thus speaks; "would you have a man reason well, you must use him to it betimes, exercise his mind in observing the connexion of ideas and following them in train. Nothing does this better than mathematics, which, therefore, I think should be taught all those who have the time and opportunity; not so much to make them mathematicians as to make them reasonable creatures." Similar importance is attached to the study of metaphysics by that scarcely less distinguished modern philosopher, Dugald Stewart, who says that in "the sciences least akin to metaphysics, the greatest improvements appear to have been made by men whose faculties have been trained in that salutary school." The study of natural sciences concurrently with these, will furnish the opportunity for the exercise of the faculties, which they are fitted to develop, in a train of inquiries so analogous to those of our profession, that it should form an indispensable part of a system of preliminary training. Nor should natural history and comparative anatomy —on account of their physiological relations—and chemistry and botany—on account of their connexion with therapeutics—be omitted in the curriculum.

I would not, by what has been here said, be understood to intimate that the young man, who has had the benefit of a collegiate course, is *therefore* to be presumed to have attained the high degree of intellectual discipline required; or, that such discipline may not sometimes be secured by other means. Unfortunately, these certificates are more frequently evidences of opportunities enjoyed, than of acquisitions made; and to the honor of many who have never enjoyed these advantages—of whom I recognize some before me—be it said, that they have secured, by their own efforts, the mental cultivation which not a few, who have had the superior facili-

ties referred to, have miserably failed to attain. But, notwithstanding these honorable exceptions on the one hand, and these discreditable failures on the other, I am confident that my brethren will concur with me in the correctness of the general principle, and in the opinion deduced from it, that it would greatly conduce to the elevation of the intellectual standard of the profession, did our medical boards require a greater amount of evidence of proper preliminary education, than is usually demanded from those who aspire to be invested with its immunities.

But, if to prepare for the labors of philosophic observation and patient thought, which are required of the physician, demands such an amount of cultivation; it is equally important that they, who intend to devote themselves to such a profession should be persons of naturally good intellect. Cultivation evidently pre-supposes capacity. The doctrine of old Helvetius, that the natural endowments of mankind are equal, has in the estimation of all psychologists of received authority, long since exploded. There *are* peculiar mental qualities that adapt their possessor for particular occupations and studies. There *is* a relation between the knowledge to be infused and the capacity to receive it; between the faculties to be educated and the kind of intellectual exercises suited to educate them. If so, and I have not unduly exalted the studies and mental cultivation required in the preparation for the practice of the medical art, we cannot raise too high the standard of mental capacity to be expected in those who seek to thread its mysteries. And yet, I fear that, in this particular, I am not in accordance with the popular sentiment. If we may judge from the number of the intellectually "halt and blind and lame," who because of their supposed unfitness for any other useful employment,are considered eminently qualified to be made *doctors* of, we may well conclude that the popular estimate of the amount of intelligence necessary to fit a man to understand the structure of the human frame—God's noblest work—read its hidden mysteries,

minister to its extreme necessities, and keep in repair its wonderful and complicated machinery, is exceedingly low indeed. But it is a serious, a grievous mistake. "Men do not gather grapes from thorns, nor figs from thistles." You cannot make a philosopher of a man of feeble intellect. You cannot make a reasoning physician of a natural fool. A man of *mere* learning, of *mere* knowledge, he may be; but cram his cranium to its utmost capacity with these things, unless you can make him think, he is but an accomplished fool after all. To such a one, of what use is all the learning

> —— "O' your schools,
> Your Latin names for horns and stools;
> If cannie nature made you fools,
> What sairs your grammars?
> Ye'd better ta'en up spades and shools,
> Or knappin' hammers."

Let medical men indignantly frown upon an injurious public sentiment which would thrust such material upon a learned profession: and let no consideration of friendship or profit induce them to receive under their pupilage, or admit to practice, persons so ill qualified by natural endowments to maintain its character or fulfil its responsible duties.

I have, unavoidably, gentlemen, passed over many topics bearing on the general subject of this address: and even those to which I have invited your attention, I have been obliged, by the limits required by the occasion, merely to advert to, rather than fully to discuss. Your own reflections will doubtless supply my omissions. I know I do not mistake when I say they are worthy of that reflection. The facilities for acquiring knowledge, enjoyed by the communities in which we live and mingle, are becoming yearly multiplied; and, with the increase of facilities then is a corresponding increase of disposition in the public mind, to avail itself of them. It is true that much of the reading furnished in this pamphleteering age, is superficial and trashy: but, in the same cheap form, in which this species of reading ap-

pears, there are frequently thrown before the public, works of profound science and sterling thought. Often, these have an intimate bearing on the branches of knowledge which concern our profession. Besides, works on anatomy, physiology, chemistry and philosophy, are becoming more generally in use in our elementary schools. Those who read these works may not become thoroughly acquainted with the subjects of which they treat. They may, however, learn enough to discover the deficiencies of those who ought to know more; and it is not the foible of the man of little knowledge to be either modest in his estimate of his own acquisitions or charitable in his judgment of the acquisitions of others. They, therefore, whom we admit into our ranks, will stand some chance of being rigidly scrutinized by the world, if they are not by those whose province it is to judge of their qualifications; and, if they are found to be men of superficial attainments and undisciplined understandings, the profession, no less than themselves will suffer from the scrutiny.

Though I fear that I have wearied your attention, I hope, gentlemen, I have been so fortunate as to interest you in the matters so discursively treated; and that, by the train of reflections to which we may be led by them, we may be invigorated in the discharge of our duties, and in the desire to restore what has been lost of an intellectual character and philosophic spirit, to our beloved profession.

REPORT OF THE STANDING COMMITTEE FOR 1849.

In presenting their Annual Report, your committee have to congratulate the society upon the unusual promptness of the District Reporters, in furnishing accounts of the prevalent diseases within their respective neighborhoods, by which the labors of your committee have been considerably lessened, and for which they return their obligations to those gentlemen whose reports are hereto annexed.

The attention of the society is respectfully invited to the importance of a regulation by which the duty of contributing facts and discoveries as the material for the Annual Report be distributed to a greater number of individuals; and they would respectfully recommend that the secretary of each county society be requested to furnish the reporter for the district in which said society may be located, a history of the diseases prevalent within the county; while each member be requested to aid the secretary by communicating to him such facts as may serve to interest and improve the profession; and that such reports, prepared by the secretaries of the county societies, be sent to the reporters of the several districts, on or before the second Tuesday in April, of every year. It is believed that such an arrangement, would greatly facilitate the labors of the Standing Committee, and add much to the fund of information which it is their duty annually to contribute. In addition to the annexed

REPORT FROM THE WESTERN DISTRICT.

Your committee would beg leave to add the following: We experienced during the summer of 1848, the usual variety of complaints incident to the season, without any variation in the manner of their approach, or in the course of

their progression, worthy of particular remark, and enjoyed a considerable immunity from alarming and fatal sickness.

Fever.

Early in the autumn, fevers of an intermittent type, and of a low remittent form prevailed to a greater extent than is usual in this section of the state. Locations in the country heretofore remarkable for their healthfulness, have been invaded by obstinate intermittent attacks, sometimes degenerating into a continued type, thus rendering the disease more tedious and difficult to manage. The usual treatment in such cases was found sufficient, and but few deaths occurred. Your committee would respectfully solicit the aid of their medical brethren in a more close and thorough investigation of the causes of malarious diseases. Practitioners in the country have ample means of observation, and should employ them faithfully in the search after truth. The various theories of malaria as they have been propounded from age to age, though at times they have met with general professional acceptance, have failed to satisfy the inquiring mind as to their validity, and there is not at this day any settled sentiment to which we may refer as a reason for the origin and progress of fevers. We find marshy districts in some seasons rife with fever, in others, disease infects salubrious locations, where we would suppose the miasmatic infection could not reach; and it becomes us to mark the circumstances which attend the occurrence of these diseases, in the different locations where we practice, in order to find out whether they may not originate in the exuberance of fungus growth which sometimes is remarkable in one season in a low and damp situation, and again, is most prevalent in dry and elevated positions. It has been noted by numerous observers, that in seasons of protracted heat and drought, there have been a great variety of mushrooms, different in character from those which spring up in a few hours after rain; and in pestilential years when disease has

stalked at noonday, and stricken down the high and low alike, there has been noticed an unaccountable appearance of moulds and mildews even during the hottest and driest periods. How far there may be a coincidence in the presence of this class of diseases with these fungus growths; how far the general prevalence of the 'potato rot,' it being a species of fungus development, and the necessity of this vegetable to the common sustenance of the people, may affect the human constitution in pre-disposing it to attacks of fever, or of creating the disease itself, we should seek to ascertain. Without endeavoring to establish any particular theory, we should all be carefully engaged in this fruitful field of research, and gather from it by our experience whatever may tend to enlighten us upon this obscure and doubtful subject. In the winter we were visited by a general prevalence of

Erysipelas.

The term is here used as indicating that variety of the disease, which invades the head and face only. The usual symptoms of chilliness, pain in the back and loins, great heat of the face and head, accompanied with a peculiar tingling sensation, increased velocity of the pulse, nausea, and sometimes disturbance of the bowels, were present in the commencement of the attack; the external inflammation progressing to enormous tumefaction of the face and head. In some cases the inflammation burrowed into the areolar tissue beneath the surface, causing suppuration to occur at different points; most of the cases which came under the notice of your committee were attended with soreness of the throat and fauces, dry and brown tongue, and great thirst, which symptoms, together with an enfeebled and irregular pulse indicated a low form of disease. In the township of Springfield, where the epidemic was very severe, there occurred in the practice of Dr. Goodell, a number of malignant cases, assuming in the onset a typhoid and contagious character, and running hastily on to a fatal termination. Though

the cases referred to, are not classified by Dr. Goodell as genuine erysipelas, your committee take pleasure in inserting an abstract of a letter from him to Dr. Stratton, embodying a brief statement of the progress of the disease as it occurred in his neighborhood.

Plattsburg, May 5, 1849.

"Dear Sir,

In compliance with your request, I cheerfully communicate the result of my observations concerning that singular and fatal disease which prevailed within the limits of my practice, and in my own family, during the past winter. The first case occurred early in February, and appeared to radiate among several families by contagion, embracing among its subjects about twenty individuals.

The mode of attack and the early symptoms, presented a remarkable uniformity, though after the third day the morbid phenomena were so dissimilar. and the course of the disease so erratic as to defy all attempts at classification or to indicate any uniform treatment. To avoid repetition I will describe the general character of the cases as far as they were parallel, and then notice the peculiarities which several of them presented as they advanced to a fatal or favorable termination.

In the most severe cases, the patients were overtaken in perfect health, while pursuing their usual avocations or at their meals, with a sense of coldness, followed by nausea, vomiting, and severe chills, pains in the limbs, and particularly the back, breathing hurried, often making sixty respirations per minute, pulse intermitting, slow, great anxiety, and a peculiar decomposition of features with an indescribable distress at the epigastrium. After a few hours reaction would be established; the pulse one hundred and thirty per minute, violent headache, eyes suffused and watery, tongue coated with a whitish slime which even in this early stage inclined to become brown and dry in the centre. The fauces, velum, and tonsils, became swollen, tense, and shining, and

scattered with small vesicles which soon after would burst, leaving an ulcerated surface which continued to discharge a foul sanious fluid, or was succeeded by a false membranous exudation quite firm and adherent, as though the parts had received several coats of white paint and varnish. These symptoms continued without much aggravation or abatement three or four days. The bowels were easily acted on by cathartics, but they did not exert much control over the symptoms. In most of the cases the inflammation appeared to extend from the throat by the posterior nares to the schniderean membrane, and at the expiration of the third day an erysipelatous redness would appear on the tip of the nose and upper lip, which would either assume a definite form like erysipelas of the face, spreading to the scalp and attacking the extremities, or else would entirely disappear and expend its force in succession on different internal organs, with entire relief to the throat. The prostration of strength in all cases was great. Excepting the slight redness at the tip of the nose, but three cases in the twenty had external erysipelas. In all, the inflammation of the throat subsided as the disease was translated either to the cutaneous surface or to internal organs. In its further progress the peculiarities of each case depended entirely on the structure invaded, and presented few features to indicate the original identity of the disease.

Case 1st, was equivocal in its character. It occurred in a middle aged lady who is subject to mild attacks of erysipelas of the face. Her throat affection and other premonitary symptoms, were attributed to some severe dental operations which she had undergone the day before. The swelling and redness of the face was slight, and convalescence became established in about a week, under the use of lunar caustic to the throat both in solid form and solution, and a few small doses of calomel.

Case 2d, occurred in five days after exposure to contagion. She was a single woman about sixty-five, and was the con-

stant nurse of the first patient. Re-action was never well established. I first saw her on the fourth day of the attack. Her mind was much confused—the parotid and sub-maxillary glands much swollen and hard, an ichorous discharge from the ears—throat of a dark mahogany color, with an offensive sanious exudation from all parts of the fauces. She died on the sixth day of disease, all my efforts to stimulate her having failed.

Case 3d, was also a lady; her attack was sudden and violent, on the fourth day after exposure to the contagion. The disease appeared to yield readily to treatment. The application of caustic to the throat, and gentle catharsis with calomel, seemed to effect a cure. She returned home on the sixth day of the disease. She complained several days afterwards of pleuritic pains which did not confine her to her room. On the twelfth day of disease the pleuritic pains suddenly subsided, followed by acute peritonitis which terminated fatally in thirty hours.

The peritoneal inflammation commenced at one point in the right illiac region; I was absent from home at the time; on my return I found the abdomen tympanitic, pulse quick and weak, pain excruciating, pulse soon became thready and intermittent, stomach irritable, and collapse speedily ensued, which too clearly admonished me that her own premonitions were about to be sadly realized. Several of the succeeding cases presented nothing peculiar, and readily yielded to the local applications to the throat, and gentle catharsis.

The case of Mr. W. N., was highly instructive and seemed to throw more light on the nature of the malady than any other which occurred. The invasion, same as in the preceding cases. Fauces on the fourth day heavily coated with false membrane; inflammation extended to the nose by the schniderian membrane, then extended over the face and scalp, assuming the definite form of erysipelas of the face; twice it recurred on parts previously affected, and in spite of pencilings with caustic would travel over the same

ground a second time; at one time it showed a strong tendency to fix itself on the brain; coma and violent delirium alternated with each other, which appeared to be relieved by cupping and blisters to the scalp. After leaving the head, the inflammation of the same character extended to the extremities, followed by oedema and loss of muscular power in the parts affected. His recovery has been slow; at the expiration of two months being scarcely able to walk.

The complications vary so much that it is impossible to indicate any general mode of treatment. The utter impotency of any remedial measures after severe peritoneal or meningeal complications have existed several hours, must be acknowledged. General bleeding is rarely admissible, though I believe cases occur where it cannot be dispensed with. I used emetics in two cases, which evidently seemed to be beneficial in arousing congested organs and aiding sudorifics.

I strongly recommend an early resort to diffusible stimulants and quinine, with as nourishing regimen as the patient can bear, to prevent the translation to internal organs. My cases have taught me that a great improvement, or even an entire disappearance of alarming symptoms during the early stage, offers no immunity against metastasis to internal organs. Yours with great respect,

GEORGE GOODELL."

In other parts of the district the disease has not proved so malignant, and the attacks have generally terminated favorably. The indications for treatment were such as to demand the use of supporting medication and diet, with external applications to arrest the inflammation. After gently evacuating the bowels, the use of quinine was early resorted to in doses of one or two grains every two hours when admissible by the state of the stomach. In some instances the irritability of this organ prevented its administration by the mouth, and it was then given freely by enemata. To

arrest the nausea, no remedies proved so effectual in our hands as the Ammon: Carb: in Emuls: Amygdal: and a prescription composed of Aq: Camph: i,f oz. et Spt: Ammon; Aromat: f iSss: given in teaspoonful doses pro re nata. To the great value of quinine in this disease, your committee can give their united testimony; its effect in controlling the circulation, in fortifying the system against the accumulating dangers of the disease, its easy administration, its safety, all recommend it as a most important remedial agent. We have known it to be of marked service even in active tonic erysipelas, and have always found it a safe remedy, where conflicting symptoms created doubts as to the propriety of either supporting or depletory treatment. We have no hesitation in believing it to be the most potent constitutional remedy within our reach, as applied to the cure of this formidable malady. The

LOCAL TREATMENT

of erysipelas is a subject of much interest to the profession. Probably there is no question in the whole range of medical discussion in which there is more contrariety of opinion, and difference in the experience of medical practitioners. Every physician has his peculiar mode of practice, founded upon successful individual experience, and while some are prepared to advocate the non application of any external means, others are bold to approbate the virtues of a variety of substances, as different in their properties, as those who may employ them are, in their opinions. Some of our best authorities claim great relief from the use of cold applications, while others favor the employment of hot and emmollient fomentations. Hog's lard, and simple molasses have their advocates; buckwheat and rye meal, mercurial ointment, oxide of zinc, kreosote, nitrate of silver, tinct: iodine, and other agents of different names and properties, are pressed into service with equal claims of restorative power. So far as the experience and

observation of your present reporters will justify the expression of their opinion, there are no substances in the whole range of the materia medica, of equal value in this complaint, with the nitrate of silver, and the compound tincture of iodine. Probably the weight of recorded testimony is on the side of the former agent, although the latter has been fairly tried, and proved by ample experience to be equally serviceable.

Whether erysipelas requires any local treatment at all, is a question in the minds of many judicious and skilful practitioners that is yet unsettled. The disease is asserted to be dependent upon a morbid condition of the blood, and the constitutional injury arising from this change, it is said can only be repaired by means that are calculated to improve the vital fluid, or to secure the abstraction of a portion of it from the body: but whatever may be the pathological condition of the blood, experience proves most conclusively that sedative external remedies, exercise a controlling power over the cuticular inflammation, which cannot be exerted without them.

The cutaneous disease is occasionally the only morbid change which is exhibited by post mortem examinations, and there is much reason to believe that the property of contagion, which belongs to the malady, resides in the inflamed and often abraded surface. When the inflammation is seen involving the face, and head, rapidly insinuating itself toward the inlets of the brain, with sacs containing purulent matter presenting themselves upon the inflamed surface, and threatening to attack the sensorium, the question is one of the most solemn import whether we are justifiable in not employing some direct means for its arrest. To cure disease is our high calling. If we cannot cure, we are bound to guard as far as we can, those portions of the citadel that are not the seat of disorder, from being overtaken and destroyed. The simultaneous occurrence of Erysipelas and Puerperal Peritonitis has often been a subject of interesting

and useful enquiry among physicians. There has been no puerperal epidemic disease within the knowledge of your committee, but as evidence of there being great danger of communicating to parturient females, the contagious virus of erysipelas it may be stated that while recently visiting a patient with this disease, and engaged in making applications to the inflamed part, the writer was called to wait upon a female in labor. Under the apprehension that there might be some danger of communicating the disease, the examinations per vaginum were as few and as rapid as circumstances would justify; but the case being very tedious, and requiring the employment of forceps, the hands were necessarily brought into contact with the mucus coat of the vagina, and though they had been thoroughly washed, the patient barely escaped with her life, from an attack of puerperal fever, attended with an offensive discharge from the uterus, and an acrid secretion from the vaginal walls. The infant, at the age of about two weeks, was seized with a severe attack of erysipelas, invading the head and shoulders, and extending down the back. The integuments became extremely indurated, the skin assumed a dark livid hue, and the little sufferer died on the third day, in a state of coma. A similar case occurred not long since in the practice of another member of your committee, and the infant died with erysipelas about the nates between the third and fourth week.

Inflammatory Rheumatism.

Within the memory of many of our oldest citizens there has not been so extensive a prevalence of inflammatory rheumatism as has recently visited our section, and although it has been very general, there has been no unusual difficulty in its management. The majority of sufferers from it have been persons of a delicate habit, mostly females. The patients would not generally bear the loss of blood; even leeching, in many instances, was contra-indicated by the state of the pulse, and general system. Small doses of Dover's

powder, continued at short intervals through the day, with quinine and opium in large doses at night, and a blue pill occasionally, with towels wrung out of cold water, applied to the inflamed and painful joint, proved to be the most successful practice. In some instances, the external application of chloroform afforded relief to the pain. Upon its first coming in contact with the surface, it invariably produced a sense of extreme heat, and in one case noticed by the writer, caused vesication. The burning generally subsided after a few minutes, and was again excited by a renewal of the remedy.

Diarrhœa.

There exists at present a decided tendency to cramps, cholic, diarrhœa, &c., &c. The cases that have been presented for treatment have so far proved tractable, though in a few instances, it has been difficult to overcome the laxity of the bowels.

Etherization.

We would commend to the profession the subject of etherization in child-birth, as worthy of more consideration than we believe it has received by the physicians of our State. The trials with it have been few, so far as our knowledge extends, but we have heard of no untoward result following its use, where it has been judiciously applied. The writer has frequently seen the pangs of parturition assuaged under its influence, and has experienced the satisfaction of knowing that no evil consequences have grown out of its employment in his hands. There is not a female who has taken it in his practice, who does not assert that it was attended with no unpleasant feelings, and who has not expressed her gratitude for its administration, accompanied with the declaration that she will never again bear a child without it. We would not urge the profession to adopt the practice, unless upon trial, it is found to be safe. We believe it will. And we take pleasure in making the announcement that its claims

to favorable notice are becoming stronger and stronger, the more it is known. What can be more grateful to the feelings of the accoucheur than to be able to arm himself with the means of rendering easy the severest trial of human nature? of relieving the sufferings of the parturient female in her agonizing throes to become a mother. True, it is a natural effort, the pains are not the pains of disease, they are a pure physiological development of a natural law; but the achievements of science in her upward and onward advancement ought not to be arrested by such an objection. How justly proud does the physician feel, of the noble science to which he is indebted for his skill, when called to the bedside of a female, struggling with these natural efforts and unable to accomplish the delivery without assistance, when, discovering the dystochia, he is able to correct a mal-position by the mere touch of his finger, or to deliver a living child by timely instrumental aid! How much more ought he to honor the discoveries of science when able to do all this without the knowledge of suffering on the part of his patient! We hope this anesthetic agent will not be abandoned without a fair trial.

Quackery.

We have to congratulate the profession upon an evident decline of quackery in this section of the state. Public confidence has so often been abused, and health and life so often put in peril by the rash and unskilful charlatan, that the people are already awakened to the necessity of a sound medical education, as the only basis of safe practice, and there is no doubt that we will be sustained by the public voice in any proper effort to elevate the standard of qualifications, and to enforce the wholesome regulations of law, in support of scientific medicine. We are hopeful in the belief, as the medical profession in New Jersey has already wielded an influence for good upon the people, that we still retain the power to do more good; and we would earnestly recom-

mend the appointment of a committee to petition the ensuing legislature on behalf of this society, for a law making it obligatory upon every vender of secret or patent medicines within our limits, to have placed upon the bottle or package containing it, a label, with the names of the ingredients of which it is composed, and the proportions in which they are combined, and that said label shall be printed in plain English letters. We believe that the practice of country storekeepers trading in pills and nostrums that are lauded as certain cures for every variety of disease, is inimical to the public health, and that the influence of this society should be exerted against it: and for druggists, whose relations to the medical profession should be of the most fraternal character, to engage in the business of vending quack medicines, and to promote their sale by the authority of their supposed superior knowledge, is, as we believe, injurious to the welfare of the people, and ought to be discountenanced by the medical profession and an enlightened public. To secure this end, we should not cease to testify on all suitable occasions against the practice.

Licensing.

The proposition made to this society from the district society of Salem county, and referred to the Standing Committee, has claimed their deliberate attention. It contemplates an entire revolution in the system of examining candidates for license, by establishing three district boards of censors for the whole state, instead of the present plan of county examiners. Considerable pains have been taken to ascertain the state of feeling in the profession with reference to the proposed change, by correspondence and otherwise. And it has been found that a diversity of opinion exists in different sections of the state, some being desirous of making a change, while others believe the present system is most likely to secure a continued interest in this society, and a larger number of licentiates; and the majority of the committee

being of opinion that the present system does not answer the expectations of its friends—the proposition is recommended to the consideration of the society for its action.

New Jersey Medical Reporter.

In conclusion, we ask the attention of the society to the condition of the New Jersey Medical Reporter. It is now near the close of the second year of its existence. It has been published, and edited at considerable personal sacrifice of labor and money, but it has striven to maintain a character for the profession of New Jersey, which we are sure it deserves. It has been the organ of this society so far as individual enterprise could make it so. Our proceedings have been faithfully sent to distant members of the profession who are unable to attend these meetings. It has gone on the same errand to other states in the Union, wherever it could meet with a cotemporary, and has told of New Jersey physicians, and of our time-honored society. We trust it has been of service to the cause to which it has been devoted, and we hope it may not be allowed to expire for want of needful stimuli. It has been regularly sent to more than two hundred and fifty physicians in New Jersey, and can be sustained readily by the subscription list, provided punctuality is observed in the payment of the amount of the subscription.

All which is respectfully submitted.

Joseph Parrish,
Benjamin H. Stratton,
Zachariah Read. } *Standing Committee.*

REPORT FROM THE EASTERN DISTRICT.

By W. Mortimer Brown, M. D.

Your reporter would respectfully transmit to the Standing Committee a few of the prominent features in the medical history of the district, for the past year, and though we have

not during that time been visited by any new and undescribed epidemic, spreading terror and dismay through the community, yet some of those which have come within the sphere of our observation, have presented new and interesting features, worthy of the attention of the profession.

Erysipelas.

In the early part of last summer, erysipelas which had been with us during the winter, still continued its visits, frequently attacking with great severity, and sometimes giving evidence of its contagious character. Dr. Marsh, of Passaic, mentions a case where the disease was evidently communicated to a patient in child-bed, by a physician attending; was marked by a nervous irritable state of the system, and muttering delirium, and terminated suddenly in death. Persons under treatment for wounds of any kind seemed to be especially liable to an attack, but still it was not confined to such, and many were seized who had no visible predisposing cause.

It sometimes was seated in the throat in adults, and in the genitals in children, and then was unusually severe.

The same disease is again making its appearance in the vicinity of Newark, and is no less severe than it was last year. The ordinary treatment by antiphlogistics in the first stage, and tonics when the pulse begins to flag, with the use of blisters when the inflammation could be circumscribed by them, and the application of mercurial ointment to the inflamed surface, has generally been successful in mild cases, but in many instances the disease has rushed forward with such impetuosity as to bid defiance to all our efforts to obstruct its progress.

Intermittent Fever.

There has been throughout the year, a marked tendency to the asthenic form in all diseases, and to partake of the intermittent character. Cases of regular intermittent fever have occurred in localities in the borders of Passaic and Sus-

sex, where they have never been noticed before, while in some localities in Essex, every house would furnish cases, and in some, not an individual would escape. The disease has seldom been complicated by those visceral obstructions which in more southern latitudes render intermittent so intractable, and tonics in large doses have almost invariably put a stop to it. The tendency to return has been so great as to render it necessary to continue the treatment for several weeks, to prevent relapses.

Dysentery.

During the latter part of summer, dysentery of an obstinate character was often met with; the tendency to prostration manifesting itself early in the progress of the disease, so as to contra-indicate any thing like depletion.

Cathartics seemed to be always injurious, and even the mildest laxatives were not safe. So irritable were the bowels, that the small doses of neutral salts recommended by Heberden, could not be borne; calomel in large doses only aggravated the disease, and even the saline ingredient in Dover's powder was thought by some to be too stimulating. Hydrargyrum cum creta, or calomel in small doses, with opium or morphine, were usually successful.

Suppositories of opium were sometimes beneficial in cases where much tenesmus was present, and sulphate of zinc was useful in chronic cases, or those relapsing frequently. When this plan of treatment was pursued, the tenderness of the gums was usually the signal of the decline of the disease, though some cases required the continuance of opiates for a few days longer. When proper attention had been paid to diet, a fatal termination very seldom occurred after the gums were touched by the mercury, though in some cases the system appeared to resist the power of frequently repeated doses, for a long time. A slight irregularity of diet was often sufficient to provoke a return of the disease, long after reco-

very, and these relapses were usually more difficult to manage than the original attack.

Small Pox and Vaccination.

The small pox and varioloid have prevailed extensively in Essex county, and many cases have occurred in Passaic and other parts of the district; the latter form of the disease proving very severe, and scarcely to be distinguished from the unmodified form, the pustules becoming confluent, and leaving deep scars; the attending fever being also quite high and attended with much delirium. The frequent occurrence of modified small pox of late years, leads us to enquire whether the protective power of vaccination may not be diminished by distance from its original source. That amidst all the accidents to which the virus is exposed in its transmission through so many, some deterioration should take place, is not to be wondered at: and it is evident that this is the case, or that the effects of vaccination fade from the system, since we find varioloid occurring so much more frequently of late years than heretofore. Believing that the protective power of vaccination becomes dissipated in the lapse of years, some have recommended and practiced re-vaccination, and the success of their efforts render further and more extended trials desirable to settle the question as to the propriety of practicing it in all cases after a certain period.

At the time of the introduction of vaccination, there were frequent attempts made to re-vaccinate, but usually in vain, and at that time varioloid was unheard of; but now the cases in which re-vaccination succeeds are numerous and increasing, and we may conclude with much reason, that in these cases exposure to the exciting cause was only necessary to bring on an attack of varioloid. In 1833, over 48,000 were re-vaccinated in Prussia, and only 15,000 were affected by it, being less than one third, while in 1837 out of 47,000, about 21,000 produced regular pustules, or nearly

one half. This was a striking change, and it did not take place suddenly, but exhibited a regular increase from year to year. The proportion of successful cases is by some placed much lower, some making it as low as one in 8 or 10. As far as my own experience goes, when the interval between the vaccinations exceeds 9 or 10 years, about one half of the cases re-vaccinated will have the regular vaccine pustule varying only in respect to the time of maturation, this being in many cases much shortened: if only those be counted in which the pustule goes through its several stages in the time of a perfect vaccination, not more than one in eight probably can be considered successful.

An attention to this distinction may help to reconcile the seeming contrariety in the reports of different observers, some counting every case in which a pustule was produced; others setting aside all which went through their course in less than the regular time. If we allow even the lowest estimate to be correct, we must admit that a large number of the community are in danger of an attack of varioloid notwithstanding vaccination, for otherwise the repetition of the operation would prove inoperative. That re-vaccination has the power greatly to diminish the liability to the disease, is becoming more and more evident in proportion to the light thrown on the subject. I have made considerable inquiry of our members in this district, as to varioloid occurring soon after vaccination, either original or repeated, and find the general opinion to be that it rarely occurs within ten years. Several cases have been furnished me, where the disease made its appearance while the vaccine pustule was still on the arm, but here it was evident that the seeds of the disease were in the system previous to the vaccination, and this latter served but to modify in some measnre, the disease it could not resist. With the exception of these cases, but two or three instances have been brought to my knowledge, where the interval was not extended to several years. Re-vaccination has however been practiced in this

section of our state, to too limited an extent to furnish many data from which to draw conclusions, but in some of the German states, and especially in their large standing armies, re-vaccination with frequently renewed virus has been so successful as almost to banish variolous diseases from their midst.

If varioloid shall continue to spread as it has here for several years past, the confidence of the community in vaccination as a preventive, will be lost to such a degree as to lead to its desertion, for few will be willing to submit to it, unless they can feel that it is an effectual and a perpetual protection.

That this is an incorrect view of the case is evident, for if it were only sufficiently powerful to ward off such a loathsome disease as small pox once out of ten times, it would be the part of wisdom to gain so much; but it is far more powerful than this. Multitudes are daily exposed to this disease, with no protection but a single vaccination, yet the greater portion are unaffected by it, and when any effect is produced, the disease is much milder than it would otherwise have been; a fatal case being a very rare occurrence, but one such having come to my knowledge the past year. In this case the marks of the vaccination were seen on the arm, but no certain information was obtained as to the regularity of the pustule in its several stages.

Yet notwithstanding this degree of security to be derived from a single vaccination, if we find severe cases of varioloid frequently occurring, it is our duty to recommend the repetition of the operation as often as may be necessary, and to endeavor to obtain the virus more directly from its original locality, that we may be able in contending with our powerful foe, to make use of the same weapons which proved so successful in the hands of Jenner. That this would afford an almost complete protection, may be seen in those places where it has been most fully adopted, and the practice of inoculating with small pox even, would promise

no more, for even this fails to protect in all cases. I have had a case within a few weeks, of severe varioloid in an aged person who was inoculated for small pox when young, and Dr. Marsh, of Paterson, gives an instance in an adult, which proved to be a very severe one, though the individual had the natural small pox in youth.

In relation to the treatment, nothing novel will be added. Antiphlogistic, cool air, cleanliness, and strict diet, seem to answer best, but with all our remedies, the unmodified form is a dangerous disease, and prevention is far better than cure, even when that is possible.

Influenza.

An influenza prevailed in our district for a short time during the winter, which had some resemblance to that of 1832, and fears were felt that this, like that, should be the herald of the approach of cholera asphyxia.

The sudden seizure, the harrassing cough, the severe pains in the neck, eye, or bowels, with the feeble pulse, pointed out their identity, and in aged or debilitated persons indicated danger, but in the young and vigorous, a few of Dover's powders would put a period to the disease. The epidemic was of short duration.

Œdema of the Glottis.

A case of œdema of the glottis and uvala has been communicated by Dr. Dougherty, of this city. Extreme dyspnœa was the prominent symptom in the case. Scarifications and the application of nitrate of silver gave temporary relief, and bronchotomy was urged as the only means of permanent benefit, but it was obstinately refused until it was too late.

Several cases of erysipelas of the throat and face, have in my practice been complicated with great œdema, rendering respiration and deglutition painful, and finally impossible. These have been attended with great prostration of the system, resisting the most powerful tonics, vegetable and mineral.

Monstrosity.

A case of monstrosity has been furnished by Dr. Ward, of this city. In addition to a spina-bifida, there was an opening through the abdominal wall below the umbilicus, of several inches extent, through which a large mass of the small intestines protruded, covered only by the peritoneal coat. The patella of one leg was also wanting, and the leg was firmly flexed on the thigh.

Newark, April, 1849.

REPORT FROM THE MIDDLE DISTRICT,

By John H. Phillips, M. D.

Having been honored by the society in the appointment of reporter for the Middle District, it becomes my duty in accordance with the by-laws of the society, to furnish you that information concerning the health and diseases, as well as the irregularities, neglect and contempt of the laws, rules, and regulations of the society, in the district, that the circumstances under which I have acted enable me to collect.

In entering upon the duties of my appointment as reporter, I communicated personally with a number of my professional brethren, requesting them to furnish me with such information concerning the health, diseases, &c., of their respective localities, as would enable me at the close of the year, to render a full, complete, and satisfactory report upon the various duties required by the by-laws of the society, but not having been favored with any communications from them on these subjects, I am compelled to rely chiefly upon my own limited personal observations; this of course cannot supply for the whole district, that amount of information and accuracy of detail, so essential to a full and complete understanding of the subject.

The health of the inhabitants of this district so far as I have been able to ascertain from practitioners residing there-

in, as well as from personal observation, has been generally good; no contagious or infectious disease has prevailed to any great extent, and at no former period has there been greater immunity from the diseases which ordinarily prevail, especially during the summer season.

Catarrh.

The winter however, was characterized in our own vicinity by catarrhal and bronchial affections of great severity, but presenting in other respects no marked peculiarities, rarely terminating fatally, and yielding to the usual remedies: the plan of treatment most successful was topical bleeding, mercurial purgatives, with small doses of calomel and tartarized antimony in the earlier stages, and moderately tonic and stimulating expectorants in the latter.

Fevers.

In the autumn, intermittent and remittent fevers prevailed to a small extent in some localities, not differing however from the usual forms of these diseases, and yielding to the usual remedies; indeed, this form of disease which but a few years since so generally prevailed in this region during the autumnal season, is now rarely met with.

New Discoveries.

In reference to the new discoveries in medicine, and new remedies, I can say but little; ether and cloroform, the most important articles of this class which have attracted so large a share of public as well as professional attention, have not so far as I can learn, been used to but a very limited extent; but so far as these agents have been employed, the results were generally favorable to their success.

In connection with this subject it may be proper to remark, that having noticed in the "Medical Reporter" of January last, the recommendation by Dr. Fahnestock, of Pittsburg, in favor of kreosote in erysipelas of the face, I

was induced from the strong recommendation there given, to employ it in two cases of that disease which recently fell under my care, in both of which it seemed to exert a prompt and decided influence in arresting the progress of the disease, and from the favorable result in these cases, I think it is an agent well deserving a more full and extensive trial by those who may have occasion to treat this formidable, and too often fatal disease.

Illegal Practitioners.

In conclusion, I am compelled to inform you (though with mortification and regret) that in this district may be found a goodly number of illegal practitioners, some of whom claim to occupy distinguished positions as members of the profession, yet manifesting a contempt and disregard for those laws, which, while they adorn the statute book, it is not only the duty of the physician, but every good citizen, to honor and obey. Yet there is cause of rejoicing that throughout the district there is felt an increased interest in the subject of medical education: district societies are springing up, and the intelligent and honorable members of the profession are actively engaged in promoting its interests, with an industry and zeal exhibited at no former period; and the consequence is, the public mind is beginning to feel and properly appreciate the importance of a subject upon which their health, happiness, and prosperity so intimately depends; nor is this all, the mists of ignorance and empyricism are fast disappearing before the illuminating rays of science and truth, while the dignity of the profession, and the standard of medical acquirements, are being elevated to that position which the advancing cause of science requires a liberal and enlightened physician should occupy.

Pennington, May 4, 1849.

REPORT FROM THE WESTERN DISTRICT.

By Franklin Gauntt, M. D.

In accordance with the By-Laws of the State Medical Society, the reporter for this District, presents the following, for the information of the Standing Committee:

Whilst thousands of our transatlantic, as well as numbers of the inhabitants of our sister states, have been swept from this stage of action by that desolating and wide-spreading epidemic—cholera, we have thus far, much cause for thankfulness, that this disease has been mercifully withheld from us: may its approach find us prepared to meet its insidious attack, and ready, skilfully to combat with every assault made upon our citizens.

The health of this District has been generally good, so far as I am capable of judging, not having been favored with communications from any member of the profession of a neighboring county, and very few from physicians of my own. The necessity of having a reporter for each county is obvious.

This report, must therefore consist of a brief history of a few of the most frequent diseases, that the physicians of this county have been called upon to relieve, none of which may be considered strictly epidemic.

Measles.

During the spring of 1848 measles prevailed to considerable extent. The visitation was not a very severe one however, especially at this time, for the disease had assumed a much milder form than during the preceding winter, not being accompanied by such severe pneumonic symtoms; the disease promptly yielded to the remedies usually resorted to in such cases, viz: mild mercurial purgatives, expectorants, anti-phlogistics, &c. The mild weather with which we were

soon favored, added much to the efficacy of our treatment, and the speedy convalescence of the patients.

Roseola.

Roseola may be mentioned among the prevalent diseases of spring, especially among adults, who generally considered it a second attack of measles, from which it differed considerably.

Dysentery.

The summer brought with it dysentery which prevailed among children, as well as adults, from very slight exciting causes. This disease frequently assumed a typhoid character, and required a cautiously stimulating treatment, preceded by mild purgatives to remove the scybalœ and other irritants from the alimentary canal, with opium, camphor, and sometimes blisters in the later stages; the diet consisted principally of bland emulcent drinks.

Fevers.

In the latter part of summer and early in autumn, intermittent and billious fevers made their annual visitation among us; and prevailed to considerable extent along the shores of the river, its tributary streams and marshy districts. These fevers were of easy management when medical aid was early called, and yielded to the usual treatment; blood-letting was seldom thought advisable, although generally satisfactory when employed in the commencement of the attack; purgatives, emetics, the preparations of bark and opium judiciously administered, generally produced the desired effect, the patient seldom having a relapse when proper precautions were observed.

Rheumatism.

During the winter, which was an unusually severe one, acute rheumatism prevailed among all classes and almost all ages without regard to sex; the visitation was not, however, an unusually severe one, nor did it vary in any manner from

its usual course. This, also, was successfully treated, and of tolerably easy management. The usual antiphlogistic treatment, accompanied by blood-letting, where the vigor of the patient, and disease, seemed to require it; the latter did not always afford much relief. The following plan of treatment was generally followed by success in the hands of a practitioner, who had no small number of that class of patients, viz: the bowels kept open by saline cathartics, effervescing draughts during the day, with opium and quinine in full doses at night; the latter remedy was given more freely when metastasis threatened; it did not perceptibly augment the excitement, and was found proper in almost every case; a speedy convalescence followed. Other members of the profession were equally successful without the use of quinine, the disease usually passing off in a fortnight, leaving the patient in tolerably good health.

Cynanche Tonsilaris.

Cynanche Tonsilaris was also very prevalent during the cold weather, amounting almost to an epidemic. The inflammation of the tonsils frequently showed a disposition to extend itself over the mucous membrane covering the roof of the mouth, pharynx, laranyx, trachea, bronchial tubes, &c., terminating in typhoid pneumonia. These symptoms were successfully combatted and generally speedily removed by purgatives and diaphoretics, but in severe cases blood-letting was inadmissible; counter irritants to the back of the neck and throat, with the frequent use of detergent gargles; one composed of lime-water has been used with signal success in several instances.

Erysipelas.

A number of cases of erysipelas have come under the notice of the physicians of this district, among which were several patients having regular attacks of the disease about the head, face, and neck, which were easily controlled and quickly cured, by keeping the bowels open by the use of

mercurial and saline catharties and alteratives, with topical applications of a solution of nitrate of silver of sufficient strength to cauterize the parts; other cases were successfully treated by penciling the affected part with the tincture of iodine; kreosote was also found a very efficient remedy as a topical agent, assisted by constitutional remedies.

Small Pox.

That direful disease which deals death and distress among thousands, has been providentially withheld from our immediate vicinity, one case only having occured in our city, which did not come under the immediate notice of your reporter; I regret that the same cannot be said of the whole district, numerous cases having fallen under the charge of the physicians of our neighboring townships; a large proportion of the cases however, assumed the variolous type and recovered quickly, compared with those who were so unfortunate as never to have been vaccinated; among these the disease assumed the most malignant form, terminating fatally in numerous instances; and had it not been for the indefatigable exertions of the medical brethren of that section, it might have spread to an alarming extent. Vaccination, that valuable preventative, they found had been too much neglected, especially by the poorer classes.

The physicians of this district have expressed a desire for legislation on this point, viz: vaccination among the poorer classes, at the expense of the state, to be done and certified to by physicians duly licensed to practice in this state. Your reporter trusts that the standing committee will give this matter due consideration.

Etherization.

In regard to new remedies, your reporter will mention but one, that has been repeatedly and successfully used in this district, and is considered worthy of a trial, at least by every member of the profession, when a suitable opportunity shall offer. Etherization in difficult or protracted labor,

has given general satisfaction both to patients and practitioners; it is given by wetting the corner of a napkin with a mixture of equal parts of chloroform and ether, then allowing the patient to inhale the vapor, holding the cloth about an inch from the nostrils, giving the patient an opportunity of inhaling a small proportion of atmospheric air: for further particulars I refer you to the New Jersey Medical Reporter for April.

Burlington, May, 1849.

REPORT OF DELEGATES TO NATIONAL MEDICAL ASSOCIATION.

The delegates appointed at the last annual meeting of the Medical Society of the State of New Jersey, to attend the meeting of the American Medical Association, at Boston, on the first Tuesday in May, 1849, ask leave to report, that they were most agreeably surprised, and have much satisfaction in stating that soon after their arrival in Boston, they were joined by a delegation from New Jersey, composed of Dr. S. H. Pennington, the President, and Dr. Joseph Fithian, the second Vice-President of the Medical Society of the State of New Jersey, together with Dr. E. Fithian, of Cumberland, Dr. C. Garrison, of Gloucester, Dr. C. Hendry, of Camden, Dr. Hunt, of Hunterdon, Dr. H. P. Green, and Dr. J. W. Canfield, of Morris, Dr. W. Nichols, of Essex, and Dr. Rogers, of Passaic, all members of district medical societies in this state.

On the presentation and acceptance of the credentials of the delegates, they were severally presented with cards of membership to the American Medical Association, entitling them to gratuitous admission to the Massachusetts General Hospital, the Medical College, Insane Asylum, Blind Asylum, Hall for the Society for Medical Improvement, Eye

and Ear Infirmary, and all other institutions of public interest, public buildings and places, the monuments of antiquity and art; together with cards of invitation from Drs. Warren, Bigelow, Homans, and Hayward, for evening visits and refreshments; and a card of invitation from the Massachusetts State Medical Society, to an evening collation.

The American Medical Association, on assembling at the Hall prepared for them, were immediately addressed by Dr. Warren in behalf of the medical profession of Massachusetts, and welcomed in a very feeling manner, with the most cordial reception.

On the part of our medical brethren at Boston, during our stay with them, it seemed that nothing had been left undone to render the visit of the delegations composing the association, cheering, and most agreeably entertaining both to mind and body; we cannot in terms sufficiently expressive of our feelings, do justice to the occasion, and can only say, the like of it, in a manifestation of a warm cordiality of feeling, in the most polite attention and various entertainments afforded us on their part, we certainly have never seen surpassed, if equalled.

The members of the Association in one of the intervals from business, by invitation, assembled at the hospital and witnessed four surgical operations in succession, performed while the patients were severally under the influence of what was called chloric ether, and in one case, of ether. The ease and apparent freedom from all pain in the subjects operated upon, throughout the whole scene, the skill and expedition shown by Drs. Warren and son, in the performance of their surgical duties, could not be otherwise than highly gratifying and instructive to the audience assembled, and serves still further to establish the beneficial importance of the use of these agents, in banishing pain from the sufferer, particularly when used judiciously by skilful hands, and in cases where humanity points them out as necessary.

The American Medical Association, composed of delegates from twenty-two States of the Union, and numbering over four hundred members, from state and county medical societies, medical colleges, and other institutions connected with our profession in different parts of the United States, when assembled and called to order, was opened by an appropriate and very excellent address from their President, Dr. Stephens, of New York, after which, in due order, the nominating committee of one member from each state was appointed, for selecting officers to recommend for the association to elect for the ensuing year; then in their order, the reports of the several standing committees of the past year were read; all distinguished by great research, learning, and much labor of detail, instructive and very interesting to the association. It may perhaps be thought uncourteous for your delegates to select out of any of these reports by way of preference, yet without wishing to detract from the merits of any, they cannot refrain from calling your attention to the very able reports of Dr. N. R. Smith, of Maryland, on surgery, and Dr. C. R. Gilman, of New York, on obstetrics. These two reports embrace some new points of interest, such as (in surgery) are deemed improvements, including new apparatus in fractures, and a new instrument used in the operation of lithotomy.

In obstetrics, among other things, full details respecting the use of speculums in detecting diseased conditions of the os-uteri, and ample details on the use of etherization in parturition. But to enter more minutely into detail, if time and opportunity of reading the reports had permitted, will, we presume to say, hardly be expected at this time, inasmuch as in a very short time it is believed, the whole proceedings and reports of the association will be printed and put in circulation for the use of the profession, by the committee on publication.

It may be asked, perhaps by some of the profession, and certainly will be asked by many of the enquiring public,

what good will be effected by this National Association? In answer briefly, first, one good has already resulted—an act of Congress has been passed and is in operation, to prevent at the Custom Houses, the importation of adulterated medicines. To the people at large this is an inestimable benefit, for they are most interested. To the medical profession, a great relief from the deceptions practised upon them in the sale of worthless drugs—failure in their action as remedies, lingering diseases, and more deaths to swell the bills of mortality, as consequences.

Second, By reports and communications from various sections of the Union, upon diseases which have appeared, especially epidemics, with important statements of our domestic and foreign medical literature of the past year, collected and embodied in useful form, for circulation.

Third, To increase thereby the stock of knowledge of the whole medical profession in our country, by a more general diffusion of information; but more especially by requiring a far better primary education of medical students than many of them have heretofore possessed, and a longer time of study, and improvement from attendance upon medical lectures and more clinical instruction, the better to fit them for the responsible employment of combatting with disease, and improving the general health of the community. In a word, to elevate the standard of medical education.

Will this last great object be finally accomplished by the American Medical Association? Time only can determine the question.

J. B. MUNN,
RICHARD M. COOPER. } *Delegates.*

May 7, 1849.

NITRATE OF SILVER AS A LOCAL APPLICATION IN ERYSIPELAS, ILLUSTRATED BY TWO CASES.

Read before the District Medical Society for the county of Burlington, April, 1849. By Andrews E. Budd, M. D.

Case 1. On the evening of January 7, 1849, I was called to see a young lady aged about seventeen. She stated that she had been much exposed for three or four days previously; having been sleighing most of the time, and the weather being very cold.

Her pulse was rapid, skin dry and hot, tongue coated, and her breathing somewhat oppressed. She complained of pain in her left cheek. On examination, there was discovered a red spot as large as a quarter of a dollar, which was thought to be, by the family, the result of cold, or a chilblain. I stated my fears of approaching erysipelas; still I could not account for the excessive amount of febrile action, and as there was no evidence of inflammation of any organ, I resolved to treat it as a case of fever, and wait the result.

The constitutional symptoms persisted, and the inflammation, which proved to be erysipelas, gradually spread over the left cheek and ear, and over a portion of the left side of the head.

This was the state of things on the fourth day from the attack. The pulse remained pretty steady at 120, though the fever was higher in the afternoon than in the morning. The local applications were in turn, sugar of lead-water, opium water, mercurial ointment, &c., but all did no good. A weak solution of the nitrate of silver was now used, but by the end of the sixth day from the attack, the disease had spread over the head and face completely. The condition of things seemed to be somewhat alarming, and by the advice of Dr. Spencer, the nitrate was made much stronger (vi gr. to 1 oz.) and applied every three hours, over the

whole of the face and forehead, and the mercurial ointment to be applied over the head: the patient was directed to take every four hours, a teaspoonful of a mixture; containing blue mass xx gr., calcined magnesia 1dr., water 2oz. This treatment was continued for four days, when the erysipelas ceased to spread, and the febrile symptoms entirely abated.

The caustic was applied until the soreness disappeared; of course the skin became black after the caustic produced its usual impression. The convalescence was speedy and complete. The skin resumed its healthy appearance in about two weeks from the last application of the remedy.

Case 2. On the morning of the twenty-fourth of March, another case of this most distressing disease presented. The onset was entirely different from the one just under consideration. There had been chilliness alternating with slight flashes of heat, for near a week previous to the appearance of the local disease, want of appetite, headache, &c.

The local affection commenced on the left side of the neck, and in three or four days reached the collar bone below, and spreading upwards covering the ear of the same side. Various local applications were used in turn, but the symptoms gradually increased. There was now much heat of the head, a roaring and ringing sensation in the ears, a heavily coated tongue with red edges, and fever.

Having full confidence in the nitrate of silver, I now commenced its use in the strength of xx gr. to 1oz., penciling the whole of the diseased surface every three hours, but the erysipelatous inflammation raged violently, and soon covered the whole of the scalp, the opposite ear and side of the neck, forehead and face. The fever raged highest in the morning. The blue mass, magnesia, and water, was given every four hours, as an alterative and with a view also of keeping the bowels open.

Owing to the severity of the disease it was thought necessary to shear the hair close to the head, that the caustic

might be applied over the whole scalp, as well as to the face and neck; in fact it was applied wherever the least trace of the disease could be discovered.

Ice was applied to the head, and cloths dipped in iced water kept constantly upon the forehead. I was extremely fearful that inflammation of the brain would ensue, so great was the heat in the head and so violent was the fever.

As soon as the caustic had time to cauterize the parts, the soreness and burning subsided, and the fever left as if by magic. Convalescence was speedy.

The cases just described differed materially in the character of the fever. The first commenced with a violent febrile action, and persisted steadily until the cure of the local affection was completed. In this case the fever was equally great when the local inflammation did not cover a space larger than a dollar, as when it covered the whole head and face. In the second there was but little fever at first, but as the local disease progressed, so increased the fever. The fever too was of a genuine remittent character. But do not understand me gentlemen, to suppose that nitrate of silver is applicable to all varieties of erysipelas. We would not recommend it in that form of the disease peculiar to infants, noticed by writers under the name of infantile erysipelas. It is fully described by Drs. Eberle, Condie, and others.

Neither would it be suitable in that variety called Induratio telac cellularis. I have seen one case of this affection; it occurred in a child two weeks old. A hardened condition of the cuticle, attended with heat, and a slight discoloration of the skin, of a yellowish hue, was discovered near the left breast. This condition of things rapidly spread over nearly the whole body—over one side of the neck, and over one arm. In three or four days from the attack, death came and relieved the little sufferer. The skin could not be pinched up, and the cellular texture seemed hard as stone. There was no change in the parts twelve hours after death; the body was solid, and the arm rigidly fixed as before death.

Gangrenous erysipelas is, I presume, another variety of this affection not calling for the use of this remedy. But we might no doubt, use it in phlegmonous erysipelas, and expect as much from its use in arresting the progress of the disease as from any other local application, provided it was commenced early.

The chief object of this paper is to advocate the use of the silver in the treatment of common erysipelas. I believe that it is a safe and efficacious means, and can be relied on as a prompt and almost certain means of cure. It should no doubt be used early and over the whole inflamed surface.

The use of this remedy is not at all new. It has been recommended by most writers on this affection, and many practitioners rely on it as their great means of cure. It should be applied often enough and strong enough to cauterize the parts.

Though many physicians (and I consider myself among the number) rely on this means of treatment, still it must be observed that other means are used by other practitioners, and by them very highly praised.

A solution of the sulphate of iron, formerly more used than now, was thought by some to be almost a specific. At present I believe there is but little confidence in this remedy.

Tincture of iodine and kreosote are among the most used at present; the former is recommended by Dr. Wood. He advises that the inflammation should be penciled around its margin, extending over a portion of healthy skin. I presume there could be no impropriety in applying the iodine to the whole surface.

Were I to abandon the nitrate, the next in my esteem would be kreosote. This too, is put on with a camel's hair pencil, and without dilution; covering the whole of the inflamed surface. It is said by those who use it, that it should turn the surface white soon after its application, and that if it fail to do so, the kreosote must be considered impure.

Some authors abandon all curative local means, considering the disease destined to run a definite period of time, and recommend that we should conduct the malady safely to its end. Among these is Dr. Watson, of London. He advises only, flannels wrung out of a decoction of poppyheads, to be applied continually, till relief is had. He states too, that flour applied by means of a dredging box, afforded much relief to the patients in the hospital under the care of the apothecary.

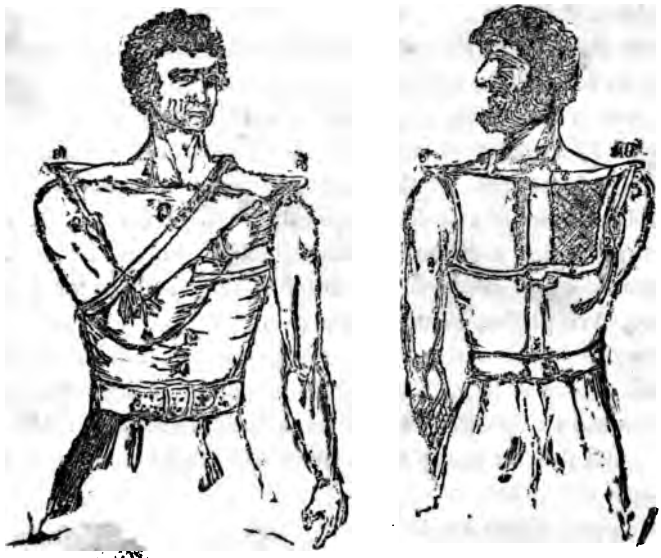
But though this idea of assisting to conduct a disease safely to its end, might apply to a whooping cough or to measles, yet in idiopathic erysipelas it certainly will not hold good. I feel bound to make every effort to cure a remittent fever, and not wait for the disease to run a certain definite period. I should also feel bound to do all in my power to cure erysipelas, a disease which sometimes hurries its victim off this stage of action in the brief space of three or four days. We profess to wield the means of ridding our patients of the poison that may be sapping at their life's blood. These means should enlist our most careful consideration; we should study their adaptation to special and general disease, and thus be ready at all times to alleviate human suffering.

Medford, April 16, 1849.

ORIGINAL COMMUNICATIONS.

REMARKS ON THE TREATMENT OF FRACTURE OF THE CLAVICLE.

By J. B. Coleman, M. D.



1. Arm sling.
2. Axilla pad.
3. 3. 3. Straps from brace to sling and pad.
4. Waist belt.
5. Back stay.
6. Buckskin over scapula.
7. Fulcrum pad on spine.
8. 8. 8. Ends of brace for straps.

The difficulty experienced in keeping the ends of a fractured clavicle in position after reduction, arises from the smallness of the bone, its peculiar shape, and the free motions that are allowed to all the surrounding parts. In other fractures advantage can frequently be taken of the form of the bone to maintain position; a good fulcrum is offered for the splint, or whatever apparatus may be used, and by bandages, skilfully applied, the tendency to displacement may be resisted.

To hold the fractured extremities of a clavicle together, and preserve the proper axis of the bone, by any of the ordinary appliances seems impossible. The plan of bandaging the chest, and the arm to the chest, so as to confine a pad in the axilla, and maintain an extension of the clavicle, interferes so much with respiration, causes such intolerable pain, and is so ineffectual towards producing the desired result upon the bone, that it ought to be abandoned if a better plan can be discovered. Cross bandages, padded rings, and all devices that have not a permanent basis for extension and co-aptation, must fail in their design. The bone is to be drawn outward, backward, and upward, and not rotated on its axis; otherwise there will result stiffness to the shoulder, occasioned by a strain on the sternal articulation. To answer these ends, after suffering myself from bandages, with a fractured clavicle, I contrived an apparatus that took its bearing on the dorsal vertebra, and made that long fixed point, its fulcrum. It was so arranged, that force applied to the ends of a lever at the sound shoulder, should produce the motions that were necessary to draw the fractured ends of the bone into true anatomical position, and hold them there, with but slight inconvenience to the patient. To do this, the apparatus was in the form of a shoulder brace, made of steel, and in outline nearly resembling the claviculae joined together at the back. The space occupied by each clavicle was left open, or in other words, the steel work surrounded each bone, so that it could move considerably within the included space. The space over the scapula of the injured side was covered with buckskin, tight as a drum head, so as to make resistance on that part, and prevent motion; the other side was left open, to allow free motion of that shoulder. The central part of the back brace, had a long pad resting upon about eight inches of the spine. This prevented excoriation when force was applied. The extremity of the brace, on the side of the injury, projected farther laterally than the axilla, and above the deltoid pro-

jection of the shoulder. From this point a strap furnished with a buckle for adjustment, passed down through the head of a wedged shaped pad placed in the axilla. From the other side of the brace two ends projected, one above, corresponding with the first named, the other lower down, on a line with the bottom curves of the brace. From these ends, straps proceeded to attach to a sling in which the arm of the injured side was suspended. The strap from the upper end buckled to the upper part of the sling, near the wrist, and that from the lower end, to the inner and lower part of the sling, somewhere about the middle of the forearm.

The operation of this arrangement is obvious. We have here a lever of the simplest kind. The power, the weight of the arm of the affected side, drawing by the hand, as occasion may require, on the straps connected with the ends of the shoulder brace last described—the fulcrum, the backbone; the resistance, the shoulder of the broken clavicle. The direction of the force upon the injured part is upward, outward, and backward; the means of retaining the bone in position, simple, always at command, and not the least impediment to the mechanical movements of the ribs. The only point liable to excoriation is the axilla, and with this apparatus, less than any other.

To prevent the brace from sinking on the back, and to guard against any lateral swerving, a piece of wood or metal about two inches wide, is made, so as to have sufficient elasticity, is attached to the central piece, extending down the spine, and adapted to its curvatures. This reaches somewhere near the waist, and is secured by a belt passing around the body.

Fifteen days after the fracture of a collar bone, I applied this apparatus to myself. Up to this time the slightest jar caused a movement between the ends of the bone, and unless the bandages were intolerably tight; perfect adaptation seemed impossible. From this instant, position was easily maintained, no movement seemed to disturb the bone, I was

able to ride over rough roads without the least inconvenience, and when union took place there was what is extremely rare after these accidents, not the smallest distortion of outline. This experiment led me to use the apparatus in many other cases in which the results have been the same.

Trenton, June, 1849.

IODIDE OF POTASSIUM IN PUERPERAL METRITIS.

By J. R. Ludlow, M. D.

Mrs. H., was brought to bed after a somewhat tedious labor, on the night of Saturday, November 18, 1848. She was the mother of three children, about twenty-eight years of age, and of a tolerably good constitution. Her previous labors had all of them, been difficult, probably owing to an unnatural projection of the promontory of the sacrum, causing an antero-posterior contraction of the superior strait, sufficient to impede very considerably, the progress of parturition; especially when the fœtal head was large as in the present instance.

The secundines were removed entire, without the slightest difficulty; no undue hemorrhage took place, the uterus was well contracted, and she was left apparently in a comfortable condition.

On Sunday night, after a day of much excitement and noise, she was seized with a chill, pains in the abdomen, &c. I saw her on Monday, there was considerable pain in the region of the uterus, which was enlarged, hard, and exquisitely tender to the touch; pain in the head and back, shooting pains down the left thigh, pulse one hundred and thirty, but not tense: skin hot and dry, respiration hurried, tongue furred, with a tendency to dryness, thirst, anorexia and constipation, lochial discharge nearly suppressed, breasts flaccid, urine high colored and scanty. Prescribed hydrargyri chlo: mit: grs. x., ipecac: pulv: gr. i. m. to be given at once, and

followed in four hours by half an ounce of castor oil. A warm emollient poultice applied to the abdomen, diluents, and perfect quiet enjoined.

Tuesday. The bowels had been freely purged by the cathartic of yesterday, pains considerably relieved, pulse frequent, and *slightly tense;* in other respects little change. I drew from the arm, in the *recumbent position,* about six ounces of blood, when the pulse fell so rapidly that I desisted from fear of dangerous prostration. Prescribed hydrar: c. mit: 1 scruple, ipecac: vi gr m., ft: pul: in chart: sex dividend, Sig: One to be taken every four hours; poultice, &c., continued.

Wednesday. Pains very much relieved, less soreness of the abdomen, pulse one hundred and fifteen, tongue moist, less thirst, bowels free, lochia improved. Prescribed, Tr: digitalis, f ii dr. spt: eth: nit: f iii dr. m. Dose thirty drops every four hours, poultice continued.

Thursday. Pains increased, accompanied by an indescribable feeling of heat, and distress in the hypogastric region, tympanitic distension, with tenderness of the whole abdomen, slight nausea, pulse one hundred and twenty-five, and feeble; skin dry, thirst urgent, lochia scanty, dark colored, and offensive. Cupped the thighs and loins, applied a large epispastic over the region of the uterus, continued the poultice, ordered vaginal injections twice a day, and administered the following: ox: hydrarg: c. mit; ipecac: pul: aa grs. x. morphia sulph: grs. ii. m. ft: pul: in chts: decem: dividend: S. one to be given every three hours. Afternoon: In consultation with Dr. Van Derveer, of Somerville. Pains mitigated, pulse one hundred and twenty, thirst urgent, skin moist, mercurial impression slightly manifest in the gums. Prescribed, digitatis and nitre as on Wednesday, with five grains of the *iodide of potassium,* alternately every two hours, poultice and vaginal injection continued

Friday. Pain slight, pulse one hundred and ten, skin moist, less thirst, bowels confined, lochia improved. Pre-

scribed half an ounce of ol: ricini, with a continuance of the medicine as yesterday. Dover's powder to be given after the operation of the oil.

Saturday. Considerable restlessness, the bowels had been purged three times by the last cathartic, stools dark and offensive, much tenderness of the abdomen, skin moist, pulse one hundred and five. Prescribed tr: opii: f oz. iv: tr: digitalis f 3 ii. m: dose thirty drops, alternated, with five grains of *iodide of potassium*, every two hours, poultice, &c., continued.

Sunday. Taken suddenly with a violent pain in the right side, with increased tenderness of the whole abdomen, pulse one hundred and two, skin moist, blisters discharge freely. Prescribed ol: ricini: f. ozss. ol: terebith: f i dr. m: to be followed after its operation by half a grain of opium: the other medicines to be resumed after the administration of the opium, as on yesterday.

Monday. Much relieved, pain and tenderness slight, alvine evacuations more natural in appearance, pulse eighty five, skin moist, slight secretion of milk. Prescription of Saturday continued.

Tuesday. Had rested well through the night, no pain, tenderness slight, pulse eighty-three, skin nearly natural, secretion of milk continues, lochia light colored, some appetite. Prescribed the medicine of yesterday in reduced doses.

Wednesday. Still convalescent, the opium, digitalis, and iodide of potassium, were gradually omitted, and the patient continued to improve for some time under the use of mild tonics. She was subsequently taken with chronic metritis, which yielded however, to the employment of the usual remedies, in combination with the iodide of potassium. She is now perfectly recovered.

Remarks.

It may be supposed that too much stress has been laid upon the importance of the above case. And this supposi-

tion may be true, yet I will not conceal the fact, that it has been one of more than ordinary interest to me, and *that* not so much from its own intrinsic value as from its connection with other cases.

Puerperal metritis, or peritonitis, singly, or combined, is always a serious affection, whether sporadic or epidemic. But the latter more particularly has always been, and still continues of the most frightful import. Some may enjoy an almost uniform success in its treatment, according to their own reports, yet the records of medicine, and the histories of such epidemics, drawn by men of the first diagnostic powers, show results so widely different, that we are almost justified in suspecting many of these cases to be at most, very mild sporadic forms of the disease, or perhaps, little more than a congestion of the uterus.

The present case is the last of three, which have recently presented themselves, and the only one of which minutes were taken.

The first was one of a highly inflammatory nature, following an easy labor, was not seen until the second day of its course, and terminated rapidly in gangrene.

The second occurred shortly afterward, in a neighboring house, following a difficult labor, in which it became necessary to make use of instrumental assistance. Its commencement was mild, and seemed yielding at first to the ordinary antiphlogistic and revulsive treatment; a relapse however, took place about the fifth day, and terminated fatally without any very violent inflammatory symptoms. In the management of this case, I was assisted by Dr. McKissack, of Millestone. The case here reported, resembled very closely the second in its invasion and progress. It was equally slow and insidious in its course, and attended by a similar depressed state of the system.

The same *general* treatment was adopted in both; the one died, the other recovered. I do not by any means, assert that the difference in the result was attributable to the iodide

of potassium. Much more extensive trial would be necessary to establish so important a fact. But as it produced no manifest harm, and can readily be added to other means, is it not the duty, as well as the interest of the medical profession, to test its value by future experiments?

Certain it is, the steady and rapid progress of convalescence during its use, was to say the least, not a little surprising to myself, and I offer this case in addition to others already reported, showing the beneficial effects of the employment of this remedy. Nor does it appear unreasonable, to look for much good from its use in puerperal fever, when we consider the valuable powers of the remedy as demonstrated in the treatment of other diseases. Surely, it is capable of relieving periostitis, sometimes as if by magic, and of removing in an astonishing manner, various diseases of the fibrous tissues; it is not contradictory to common sense to suppose that it may exert some peculiar, perhaps I may say specific influence, over serous or uterine inflammations.

I will merely mention here, that beside the three cases spoken of, apparently depending upon epidemic or contagious influences, one other has presented itself during the season of a sporadic character, and arising from external violence combined with mental disquiet. This case recovered perfectly, under the use of the lancet and anodynes.

Neshanie, April 15, 1849.

NEW JERSEY MEDICAL REPORTER.

EDITORIAL.

BURLINGTON, SEVENTH MONTH, (JULY,) 1849.

Although we had not the pleasure of mingling in the deliberations of the meeting at Boston, we have felt a warm interest in its proceedings, and have obtained for our readers the following sketch of its doings, from a medical friend, who was present, and who from the origin of the movement, has been its active supporter.

AMERICAN MEDICAL ASSOCIATION.

This body assembled in Boston at the usual time; four hundred and fifty delegates, representing twenty-two States, were present. The meeting was opened by a brief address from Dr. John C. Warren, on behalf of the Massachusetts State Medical Society, welcoming the delegates to the city of Boston: after which, Dr. A. H. Stevens, of New York, the President of the Association, delivered an address of a somewhat discursive character, though containing much that was interesting and appropriate to the occasion.

A committee was appointed to nominate officers, who reported the following gentlemen, who were thereupon unanimously elected, viz.; For President, Dr. John C. Warren, of Massachusetts; Vice-Presidents, Drs. J. P. Harrison, of Ohio; H. H. Maguire, of Virginia; Austin Flint, of New York, and R. S. Stewart, of Maryland. For Secretaries, Dr. Alfred Stille, of Pennsylvania; and J. Bowditch, of Massachusetts. For Treasurer, Isaac Hays, of Philadelphia. Several of these gentlemen had served the Association the previous year, and had strongly commended themselves to re-appoint-

ment, by the industry and ability with which they had performed their duties.

Then followed a brief address from the venerable Dr. Warren, after which the more important duties of the Association were commenced, by the reading of the Annual Reports. The first in order was the report on Practical Medicine, by Dr. Francis Condie, of Philadelphia, Chairman. This document embraced a history of the various epidemics which had prevailed throughout the United States within the past year, with an account of novel methods of treatment which had been suggested in particular diseases, &c.; and was drawn up with that accuracy and caution, for which the author is so favorably known. While the reading was proceeding, and just as the reporter was entering upon the interesting question of the origin and propagation of cholera, a motion was made to refer the report to the committee of publication, without farther consideration. The motive for this movement, was no doubt to save time, and was not intended as an evidence of a want of appreciation of the value of the report, but it appeared to us entirely out of place. We agree fully with the remarks of the editor of the Medical Examiner, of Philadelphia, that by " establishing a precedent of this kind, one great motive for thus assembling from the distant portions of the Union is abolished, viz: the interchange of sentiments and opinions, that arise from the discussion of the reports." At this stage of the proceedings, the farther reading was dispensed with, and an adjournment took place. On the following day, there was a renewal of the attempt to cut short the reports of committees, in a form which appeared to us still more objectionable. It was proposed by Dr. A. H. Stevens, of New York, that the reports of Standing Committees should be referred to the *Nominating* Committee, for the purpose of selecting therefrom, such portions as they might deem most interesting to read before the Association. This proposition elicited some decided remarks from Dr. Condie and others, upon

the impropriety of subjecting the labors of Standing Committees, selected with reference to their qualifications, to report upon certain medical subjects, to the censorship of a committee appointed for a temporary purpose, connected with the organization of the body; and were promptly voted down. The reading of the reports upon Surgery and Midwifery, by Dr. N. R. Smith, of Baltimore, and Dr. C. R. Gilman, of New York, occupied the remainder of this session.

The Surgical report was largely devoted to the subjects of anasthetic agents and the proper treatment of fractures. The experience of another year had, in the opinion of the committee, confirmed the great value of the discovery of ether and chloroform in the practice of Surgery; and numerous facts were presented, derived from American sources, showing the safety and utility of these agents. It was contended, that so far as statistics have been collected, it was believed that the ratio of mortality after severe and dangerous surgical operations, had been diminished, since their introduction, while thousands had obtained immunity from suffering through their influence. Fifteen cases of death from the use of chloroform were acknowledged, but considering the immense number of persons who had inhaled it, and the carelessness with which it is often administered, these results should not form an objection to its judicious administration. Dr. Smith perfers chloroform to ether, and stated a case in which he had administered this agent thirty four times to one patient, without any apparent injury.

The report on obstetrics was equally decided in favor of the use of anasthetics in the practice of Midwifery. While these may not be necessary in ordinary cases of speedy natural labor, they should not be withheld in all cases of difficult or protracted child-birth, or where instruments are resorted to. This ground was assumed, not only as a means of preventing pain, but as giving the patient an increased chance of recovery.

The preference was given in this report also, to chloroform, over ether, while it was admitted that the former was a more dangerous agent; although it is a remarkable fact that not a single fatal result is reported as having occurred as the effect of either of these articles, in the practice of Midwifery.

The report discussed several other topics of present interest, and was altogether an able and lucid paper; it was read in a clear and impressive manner, and was listened to with marked attention.

At the afternoon session, the report on Medical literature was read by Dr. J. P. Harrison, Chairman of the committee on that subject. This presented a detailed account of the various Medical periodicals in the United States, with a brief abstract of some of the more important papers published therein, during the year; of the new works published by American authors; of the foreign works edited by Americans, and of the Medical Libraries in the country. The report closed with a resolution to appoint a committee to devise proper measures to encourage and foster native talent, and thus to improve our national medical literature.

We consider this an important practical suggestion, and hope that a feasible plan will be devised to secure the object. As the matter now stands, there is no encouragement for our own writers to give to the world the results of their own experience, when a foreign re-print can be furnished at a less cost. The appointment of a Board of Publication, to aid authors in the production of their works, and to give them the sanction of the American Medical Association, was recommended in the report, and the consideration of this proposition was referred to a special committee, consisting of Drs. Horner, Condie and Hays, of Philadelphia, to report to the next annual meeting.

Dr. Taft, of New York, on behalf of Dr. F. Campbell Stewart, the Chairman, then presented the report on Medical Education. This was a lengthy and able document.

The committee reviewed the present condition of Medical Education in this country, and contrasted it with that of other countries, presenting an amount of information which we have not seen before in any treatise upon this question. The glaring defects in many of the medical institutions of the United States, were pointed out and the effects of competition in cheapening medical instruction, and in depreciating the standard of acquirements, were freely exposed. As a remedy for these evils, the report proposed the re-affirmation of the resolutions adopted at the last meeting of the Association, in regard to preliminary education, the extension of the lecture term, &c., with the additional measure of *the establishment of Boards of Examiners in each of the States of the Union*, who should establish a uniform standard of requirement, and should, as far as practicable, conduct their examinations upon a similar plan; and for the purpose of carrying this measure into effect, it was proposed to appoint a committee of seven to prepare a memorial and form of law adapted to the object, to be presented to the next Annual meeting.

This report was accepted, and referred to the committee of publication, and the resolutions taken up for discussion in committee of the whole. In connection with the report, Dr. John Ware, of the medical department of the Harvard University, presented a paper against the extension of the lecture term, beyond the period of four months, and in opposition to the recommendation of the Association upon that subject, which was also referred to the same committee. The remainder of the day was occupied with a spirited discussion upon the resolutions of the committee. Those in reference to preliminary education, were adopted with but little remark. A resolution affirming that "College clinics" were not recognized by the Association as substitutes for Hospital clinical instruction, elicited a warm discussion, and was finally adopted by a decided vote. The disadvantages of these public exhibitions, especially to patients subjected to

severe operations without adequate accommodations for subsequent treatment, and the injurious influence which they are believed to exercise in drawing the minds of the students off from the more severe and patient investigation of disease, at the bed side, were freely commented on. One gentleman dwelt particularly upon the effect of public clinics upon the emoluments of the private practitioner, by inducing patients to resort to them for gratuitous advice and operations, who were fully able to pay for such services at home.

The resolutions, recommending the appointment of a committee, to prepare a memorial and form of law, for the institution of independent Boards of examination, excited a short, but spirited debate. Upon this point, the Professors of Medical Colleges, and the profession at large, were evidently at issue: and there was, it appeared to us, an evident disposition upon the part of some gentlemen connected with the schools, to give the resolution a hasty and decided negative. An impatience of discussion upon the question, was exhibited not in keeping with the importance of the measure proposed, and with the deep and permanent influence which its adoption might exert upon the interests of the whole medical community. While subjects of minor importance were deliberately examined and passed upon, this was hastily dismissed from many minds, as utopian and impracticable.

We confess our disappointment at the action of the Association, in laying these resolutions upon the table, by a vote of 69 to 54; especially as the report of the committee of which they form a part, was an able argument in their favor, and was carefully prepared and signed by a committee, composed both of Professors and those not connected with teaching, and contemplated prospective, not immediate action.

We can only account for this vote, on the ground, that when it was taken, much time had been spent in considering other parts of the report, and hence, no opportunity was afforded for that free and candid discussion of the proposi-

tion, which, had it been given, we feel assured, would have commended it to more general regard.

That the medical men of the country feel deeply, the degradation to which our profession is exposed by the introduction into it of incompetent and unworthy men, and that they are earnestly engaged to remedy this evil, so far as their combined influence can effect the object, we have no doubt. Whether the establishment of independent Boards, sustained by the power of the laws is practicable, and if obtained, capable of placing an effectual check upon this evil, is a question which should be met and seriously examined.

The experience of New Jersey, for more than half a century past, is certainly favorable to such a measure; and this alone, independent of its abstract propriety, is sufficient to entitle it to careful consideration. It is greatly to be regretted that the supposed interest of corporate institutions, should interfere with a full and candid investigation of a proposition of such magnitude, and we sincerely hope that its future discussion will not be stifled by what has occurred. There is no question which can more appropriately claim the attention of State and Local Medical Societies, and through their agency it may be again brought distinctly before the National Association.

After disposing of the resolutions on Medical Education, the report of the special committee on public Hygiene, was presented and read by Dr. Isaac Parrish, of Philadelphia, a member of that committee, on behalf of the Chairman, Dr. James Wynne, of Baltimore, who was prevented from being present.

This was one of the most valuable and voluminous documents which was laid before the Association. It consisted of a general report by the Chairman, giving a view of the various subjects embraced in the enquiries of the committee, and of their importance, more especially with reference to the health of the large towns and cities of the United States.

The proper methods of laying out and building cities, the

means of supplying them with water and light, their cleansing, paving and sewerage; the importance of open squares, the evils of courts, lanes, and alleys, &c., were severally discussed. Special reports were also presented from the cities of Portland, Concord, Boston, Lowell, New York, Philadelphia, Baltimore, Charleston, Louisville, and New Orleans; showing the sanitary condition of these cities, and their municipal regulations for the preservation of health; vital statistics, &c.

These reports were not read, but from an inspection of them, we feel authorized in promising the profession a fund of information upon this neglected branch of medical inquiry, more rich and copious than has ever before been brought together in this country.

Appended to this report was a paper upon the injurious effects of the use of tea and coffee as food among the laboring classes, by Professor Samuel Jackson, of Philadelphia. This subject was brought before the Association at its last meeting, by Dr. Jackson, and referred to the committee on Hygiene, who requested Dr. Jackson to write out his views upon it. Like other productions from the pen of that writer, it was able and ingenious, and being read by him, in his lively and animated style, added much to the interest of the meeting.

Next followed the Annual Report of the committee on indigenous Botany, which was passed over by a verbal statement of its contents, by Dr. N. S. Davis, of New York, the Chairman. Enough was stated to prove that the committee had not been idle during the past year, and we anticipate from the publication of their report, much additional information upon this uncultivated branch of medicine.

With this paper, the Annual reports were closed, and the Association proceeded to discuss other matters.

Cincinnati was fixed upon for the place of the next Annual meeting. A committee, consisting of Drs. Wood, Bond, of Baltimore, and Hays, of Philadelphia, were appointed to

memorialize Congress for an international copy-right law.

Dr. Evans, of Chicago, presented a resolution, recommending the system of concours, or public trials, as the proper method of selecting candidates for Professorships in Medical Colleges; which was handed up to the chair, put, and carried without debate. This movement was so rapid, that the mover was not aware that his resolution had passed, until he arose to make a speech in its favor, when he was cut short by the announcement of the fact! The surprise, pleasure, and disappointment evinced by turns in the countenance of our Western brother, as he took his seat, occasioned a burst of merriment which was perfectly irresistible, and which convulsed the whole assembly for some minutes, the Doctor himself heartily joining in the laugh.

A resolution was offered by Dr. Wood, of Philadelphia, to refer the subject of the propriety of prolonging the term of lecturing in our Medical Colleges, to six months, to a committee to write out a report of the facts and arguments in its favor, to appear in the forthcoming number of the Transactions, as a reply to the paper presented by the Medical Faculty of Harvard University, which had been referred to the committee of publication. After a short and animated debate, the resolution passed, and Professor Jackson, Drs. A. Stille, and J. L. Atlee, were appointed to that duty.

The views of the Association have already been expressed in favor of long sessions, and their adoption urged upon Medical Colleges, as a means of improving their courses of instruction, and of elevating the standard of requirement for a degree, which has been so much depreciated by the active competition between these institutions.

The University of Pennsylvania, the College of Physicians and Surgeons of New York, promptly yielded to the voice of the profession as thus expressed, and extended their courses at the risk of injuring their private interests. In this however, they have been alone, and the argument of the Boston School, which now goes forth in the proceedings of

the Association, will, it is feared, encourage the disposition to a retrograde movement on the part of many of the inferior schools, whose interests lead them to a curtailment of the usual period of a four months course, rather than to an extension of it. It is proper therefore, that the views of the Association as formerly expressed, should be re-affirmed in the same volume which controverts them; that the profession may have both sides of the question before them.

Dr. Ware, of Boston, introduced a resolution, instructing the committee on Practical Medicine, to inquire into the expediency of adopting the English language exclusively, in writing prescriptions, which was referred. Upon this question a difference of opinion prevails among the members of the profession. We felt gratified by its being brought to the notice of the Association, and trust it will be thoroughly examined. Those who approve of the change, may congratulate themselves in having for an advocate a learned Professor of the renowned school of Harvard; who despite his classical attainments, looks upon practical utility in this case, as paramount to time honored custom.

Dr. Wood, who had been appointed a delegate to the British Association, on the part of the American body, presented a verbal report of his reception; of his being admitted there to the privileges of membership, and of the appreciation which our English brethren entertained for the attention paid them.

Dr. J. B. Johnson, of St. Louis, introduced resolutions recommending the establishment of Schools of Pharmacy, for the education of apothecaries, and against the practice of vending secret and patent medicines by druggists; which were referred to the committee on Medical Education.

A resolution by Dr. James Wood, of Pennsylvania, instructed the committee on medical sciences, to inquire into the expediency of establishing a Board to analyze the quack medicines and nostrums palmed upon the public, who should publish the result of their analyses in a public newspaper.

The standing committees for the coming year, were announced, and a variety of business of minor importance transacted, when the Association adjourned to meet at Cincinnati, next year.

The first meetings convened in the Hall of the Lowell Institute, a commodious building, situated in a central part of the city; and on the third day of its sessions, the Association was transferred to the State House, which had just been vacated by the legislature. This splendid building, situated on a hill which overlooks Boston Common, and from the top of which is one of the finest views of the city and harbor, which is any where to be found—was freely thrown open to the delegates, and every attention paid to their convenience and comfort.

On the part of the physicians of Boston, every opportunity was embraced to extend kindness and hospitality to their medical brethren, from distant parts. Many new acquaintances were formed, and old friendships cemented; congenial minds mingled with each other in free and unrestrained intercourse, and the largest assemblage of physicians which ever convened in America, separated with renewed feelings of interest for the advancement of the cause of Science and humanity, to which they have devoted their best energies.

THE LATE ANNUAL MEETING.

The official report of the proceedings of the late Annual Meeting, not being received in time to insert under their appropriate head, the following abstract from the minutes appears as editorial, though we are indebted to the Secretary of the society for it. We have not space to remark upon some important matters embraced in the minutes, but submit them as we have received them, making only a few alterations in the arrangement of the resolutions.

The Eighty-third Anniversary of the Medical Society of New Jersey, was held at New Brunswick, May 8th, 1849.

The President, Dr. S. H. Pennington, called the society to order, and addressed the members upon the subject of "Science, sound philosophy, and cultivated intelligence, the true basis of medical reputation." A copy was requested for publication in the New Jersey Medical Reporter.

Delegates were present from fourteen districts.

The Standing Committee, by Dr. Parrish, submitted their Annual Report.

Report of the Delegates to the American Medical Association was made by Dr. Munn.

The last part of the eighth section of By-laws was amended to read as follows:—"It shall be the duty of each District Society, at its annual meeting, to appoint one of its members as a Reporter, who shall be bound to furnish the Standing Committee, on or before the second Tuesday in April, in each year, all the information which may present, relative to these subjects."

The committee on the Treasurer's account, reported a balance in his hands of $433 88.

The sum of ten dollars was apportioned to each District Society.

CENSORS FOR EASTERN DISTRICT

Passaic.—Drs. Marsh, Condict, Terhune, and Rogers. *Essex.*—S. H. Pennington, L. A. Smith, A. N. Dougherty and W. Nichols. *Morris.*—J. B. Munn, N. W. Condit, J. B. *Johnes* and R. W. Stevenson. *Sussex.*—J. Stewart, A. Linn,

J. Titsworth and F. Moran. *Warren.*—R. Byington, P. F. Brakeley, J. C. Fitch and L. C. Cook.

FOR MIDDLE DISTRICT.

Monmouth.—R. W. Cooke, C. C. Blauvelt, A. B. Dayton, and W. L. Debow. *Somerset.*—W. D. McKissack, J. Ludlow, H. H. Van Derveer and S. K. Martin. *Mercer.*—J. McKelway, J. B. Coleman, J. J. Dunn and G. R. Robbins. *Hunterdon.*—S. Lilly, J. F. Schenck, G. P. Rex, and J. Blane.

FOR WESTERN DISTRICT.

Burlington.—B. H. Stratton, Z. Read, J. W. C. Evans, J. Parrish and G. Haines. *Camden.*—I. S. Mulford, O. H. Taylor, C. D. Hendry, A. D. Woodruff. *Gloucester.*—J. F. Garrison, J. Weatherby, J. Fithian, J. R. Sickler. *Salem.*—J. H. Thompson, T. J. Yarrow, T. Reeves, J. Clawson, Q. Gibbon. *Cumberland.*—W. Elmer, E. E. Bateman, J. W. Ludlam, G. Tomlinson.

OFFICERS FOR THE ENSUING YEAR.

President.—Joseph Fithian, Woodbury.

First Vice President.—E. J. Marsh.

Second " " John H. Phillips.

Third " " Othniel H. Taylor.

Corresponding Sec'y.—A. B. Dayton, Middletown Point.

Recording Secretary.—William Pierson, Orange.

Treasurer.—J. S. English, Manalapan.

Standing Committee.—James B. Coleman, Chairman, Trenton, J. J. Dunn and J. L. Taylor.

Reporter for Eastern District.—A. W. Rogers.

" " Middle " Jared J. Dunn.

" " Western " Quinton Gibbon.

Delegates to the American Medical Association—George R. Chetwood and Charles Garrison. Their alternates—L. A. Smith and B. H. Stratton.

Drs. L. Condict and W. A. Newell, were appointed Delegates to the Decennial National Medical Convention at *Washington.*

On the nomination of the Fellows present, John C. War-

ren, M. D. of Boston, was elected an honorary member.

The semi-annual meeting was ordered to be held at Camden.

The President reported that he had granted License to practice Physic and Surgery the past year, to the following gentlemen, viz: D. Hasbrouk, T. Gordon White, John V. Schenck, George S. Ward, William S. Ward, J. Stillwell Schenck, Emanuel Munk, Frederic S. Weller, Luke V. Hagerman, A. C. Haines, Horatio S. Clow, Robert Laird, Otis B. Freeman, A. T. B. Van Doren, William H. Schenck, Edward J. Ricord, J. Barron Potter, Theophilus Patterson, William Elmer, Robert M. Smallwood, Edward Mulford Porter, Isaiah S. Reeve.

Fellows present—J. T. B. Skillman, Z. Read, C. Hannah, A. Skillman, L. Condict, J. B. Munn, G. R. Chetwood, L. A. Smith, J. W. Craig, F. R. Smith, B. H. Stratton, R. Smith, F. Schenck.

The Standing Committee reported, that the proceedings at the first meeting of the Cumberland district, had been examined and found correct. Whereupon, on motion, they were allowed to present certificates of delegation, which were accepted.

On motion, Resolved, That inasmuch as the blank Diplomas are exhausted, the Recording Secretary be instructed to procure an additional number of copies of an improved character.

A communication from Morris District Society, relative to existing laws respecting illegal practitioners, was received and ordered to be laid upon the table.

Communications from the District Societies of Passaic and Warren, upon the same subject, took a similar course.

Resolved, That the sum of fifty dollars be allowed for expenses of Delegates to the American National Association.

The following, offered by Dr. Gibbon, was adopted:

Resolved, That the President of this Society be authorized to appoint a committee, whose duty it shall be, to inquire into the expediency of establishing a fund for the relief of the families of such regularly licensed physicians

throughout the State, as may hereafter die in indigent circumstances; and that said committee be instructed to report at the next meeting.

The following were appointed, viz; Q. Gibbon, L. Condict, O. H. Taylor, and E. J. Marsh.

The following, offered by Dr. Clarke, was adopted:

Resolved, That physicians generally, throughout the State, be advised and requested to require of those wishing to become their pupils, evidence of a proper general education, before admission into their offices.

Resolved, That a committee to revise the Charter and By-laws of this Society be appointed, to report at subsequent meetings of the Society.

The following were appointed, viz: Drs. S. H. Pennington, W. Pierson, E. J. Marsh, and A. Dayton.

The Standing Committee recommended for the honorary degree of M. D., Nathan W. Condict, of Morris county, which recommendation was referred to the next Standing Committee.

On the "License question," submitted in 1848, to the Standing Committee, the following resolution was proposed as expressive of the views of the majority of the committee, but not carried.

Resolved, That in the opinion of this Society, it is expedient to abandon the present system of examining candidates for license.

The following resolution submitted by Dr. Evans was adopted:

Resolved, That a committee be appointed to draft a memorial, to be laid before the next Legislature, requesting a committee to be appointed to inquire into the necessity of a more complete system of law, in respect to public health, particularly regarding vaccination.

The following were appointed, viz: Drs. Evans, Munn, and Parrish.

The same committee were also instructed to attend to any *attempts before* the legislature, to interfere injuriously with *the existing* charter.

INDEX.

Page.

A

Annual Address, by C. Hannah, M. D. - - - 5
American Medical Associations, Transactions of - - 112
Amarosis, case of - - - - - 150
Amputation of hip joint - - - - - 163
American Medical Association - - - - 163
Ascites, case of - - - - - 176
Asylum, Report of Officers of New Jersey Lunatic - - 191
Annual Report on Midwifery - - - - 202
Anesthesia - - - - - 202
Association, National Medical and Medical Colleges - 209
Annual Meeting, the ensuing - - - - 216
Antidote to Chloride of Zinc - - - 218
Antimony, remarks on the use of - - - 221
Annual Address, May 1849, by S. H. Pennington, M. D. - 253
Association, National Medical, Report of Delegate to - 305
Association, National Medical - - - - 322
Annual Meeting, 1849 - - - - 333

B

Biographical Memoir of John Cochran, M. D. - - 25
Bed-sores, how to prevent - - - - 165
Biographical Memoir of Charles Smith, M. D. - - 171
Biceps Flexor Cubiti, Dislocation of - - - 182

C

College of Physicians of Philadelphia, - - - 69
Cholera in Russia, - - - - - 84
Cholera, Extract from Address on, read before Gloucester Medical Society, N. J. - - - - 91
Cerebral Congestion, Remarks on - - - 102
Chloroform in Cholera - - - - 148
Cholera, treatment of - - - - 149
Chloroform, internal use of - - - - 164
Camphor and Chloroform mixture - - - 167
Chloroform in Puerperal Convulsions - - - 175
Congestive Fever - - - - - 196
Cholera - - - - - - - 200
Cherry Pectoral, - - - - - 209
Camphorated Chloroform Liniment - - - 216
Changes Editorial, - - - - - 217

	Page
Chloride of Zinc, Antidote to	218
Chloroform, death from	241
Catarrh	299
Cynanche Tonsilaris	303
Clavicle, Treatment of Fracture of	314
Censors for Eastern District, 1849	333
" for Middle District "	334
" for Western District "	334

D

Desultory Inquiry, &c. by Dr. Hannah,	5
Dissertation on the objects and duties of the Medical Society	15
Difficult Labour, case of	65
Drug Law, effects of	166
Dislocation of the Biceps Flexor Cubiti Muscle	182
Difficult Labour, case of	186
Double Headed Child	218
Death from Chloroform	241
Disease, remarkable case of	248
Diarrhœa	288
Dysentery	293
Discoveries, new	299
Dysentery	302

E

Extension of Lecture Term	83
Errata	133
Enlarged Spleen	177
Etherization in Labor	184
Erysipelas, cases of	229
Œdematous Laryngitis	242
Encysted Tumor of Labium	244
Erysipelas	280
Etherization	288
Eastern District, Report from	291
Erysipelas	292
Œdema of Glottis,	297
Erysipelas	303
Etherization	304

F

Fever, Yellow	195
" Typhus	196
" Congestive	196

Page

Fever, Yellow - - - - - - 197
Freeman, Wm., case of - - - - 198
Fever - - - - - - 279
" Intermittent - - - - - 292
Fevers - - - - - - 299
Fevers - - - - - - 302
Fracture of Clavicle - - - - 314

G

Georgia Medical Convention - - - 220
Glottis, Œdema of the - - - - 297

H

Hospital, Pennsylvania . . . 83
Hospital, Wills' . . . 130
Hernia, Strangulated . . . 179
Human Anatomy, Illustrated System of . . 204
Hospital Reports . . . 218

I

Introductory Lecture, by Dr. Norris . . 108
Infant Therapeutics, Essays on . . 122
Indiana Medical College . . . 219
Inflammatory Rheumatism . . 287
Intermittent Fever . . . 292
Influenza . . . 297
Illegal Practitioners . . . 300
Iodide of Potassium in Puerperal Metritis . 317

K

Kreosote in Erysipelas . . . 150

L

Labor, difficult case of . . . 65
Lecture Term, extension of . . 83
Lecture Introductory, by Dr. Norris . . 108
Lunatic Asylum, New Jersey . . 128
Legislature, New Hampshire . . . 153
Laryngitis . . . 214
Liniment, Camphorated Chloroform . . 216
Laryngitis Œdematous . . 242
Labium, Encysted Tumor of . . . 244
Local Treatment of Erysipelas . . 285
Licensing 290

M

Page

Memoir of John Cochran, M. D. . . 25
" of Bowman Hendry, M. D. . . . 28
Meeting, Semi-Annual, 1849 . . . 89
Meeting, Semi-Annual 90
Memoranda, Medical 174
Mammæ, unusual size of 163
Medical Miscellany 182
Midwifery, Annual Report of . . . 202
Malarious Fevers, origin of 206
Monstrosity 219
Medicines, Secret 219
Medical College, Rush 220
Memorial from College of Physicians . . 225
Monstrosity 298
Measles 301

N

New York Journal of Medicine . . 83
National Medical Associations . . 83
New Jersey Lunatic Asylum . . 128
Needle in the Heart, . . . 239
New Jersey Medical Reporter . . 291
New Discoveries . . . 299
Nitrate of Silver in Erysipelas . . 309

O

Obstetrics, Report on . . . 21
Opthalmia Pustular 84
Ovarian Tumors 98
Ohio Medical and Surgical Journal . . 133
Obituary Record 165
Œdema of the Glottis . . . 279

P

Pseudo Membranous Laryngitis . . 59
Puerperal Perionitis] 63
Protracted Labor 65
Poisons, Treatise on 76
Placenta Prævia 98
Puerperal Convulsions 174
Puerperal Convulsions . . . 175
Pectoral Cherry 209
Pneumonia, two cases of . . . 226
Puerperal Metritis . . . 317

Q

	Page
Quackery, Influence of	153
Quackery	289

R

Report on Puerperal Peritonitis	63
Report Annual, N. J. Lunatic Asylum	191
Report on Theory and Practice of Medicine	195
Report on Midwifery	202
Retirement of Prof. Williams	219
Rush Medical College	220
Resignation of Prof. Mitchell	220
Reminiscences of our Fathers	225
Remarkable Case of Disease	248
Report of Standing Committee, 1849	278
" from Western District	278
" from Eastern District	291
" from Middle District	298
" from Western District	301
Roseola	302
Rheumatism	302
Report of Delegates	305

S

Sanitory Reform	79
Semi-Annual Meeting, Abstract of Proceedings	89
Semi Annual Meeting	90
Secret Medicines, in Iowa	219

T

Traumatic Tetanus	58
Tumours, Ovarian	98
Transactions of the American Medical Association	112
Therapeutics, Infant	122
Treatment of Cholera	149
Theory and Practice of Medicine, Report on the	195
Typhus Fever	196
Transfusion	202
Tumor of the Labium, Encysted	244
Transactions of New Jersey Medical Convention	253

U

University of Pennsylvania	83
Umbilical Cord, advantage of tying the	241

V

Page

Volume Second 79
Variolus Epidemics 200
Valedictories 218
Vaccination and Small Pox . . 294

W

Wills Hospital 130
William Freeman, case of . . 198
Western District, Report from the . . 278
Western District, Censors for the . . 334

Y

Yellow Fever . . . 195